

Case Number:	CM14-0129659		
Date Assigned:	09/22/2014	Date of Injury:	03/05/1999
Decision Date:	10/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Progress report dated 08/11/2014 indicates the patient reported episodes of twitching in his right hand and numbness from neck to left upper extremity. He reported chronic neck pain and bilateral arm pain, left greater than right. He noted cervical traction relieves some of the neck pain temporarily, but he has to use it on a daily basis. Objective findings on exam revealed Hoffman's sign is negative and there is diminished cervical range of motion. He had positive Spurling's sign to the left side and there was crepitus with turning & bending, deep tendon reflexes (DTR) 2+ and peripheral pulses were full & symmetrical. His sensation was diminished to the left hand. The patient was diagnosed chronic pain syndrome, hand twitch, cervical radiculitis, cervical arthropathy, and brachial neuritis. He was recommended for topical analgesic cream, tramadol 20% 4gm alternating with Cylcobenzaprine 10% and Gabapentin 10%. Prior utilization review dated 07/21/2014 requests for Topical Analgesic Cream Tramadol 20% Top 4gm QidPrn and Alternating with: Cylcobenzaprine 10%, Gabapentin 10%, 4 Mg Top Qid is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topical analgesic cream tramadol 20% top 4gm qid prn and alternating with: cyclobenzaprine 10%, gabapentin 10%, 4 mg top qid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical record does not document that trials of oral antidepressants and anticonvulsants have failed. As per CA MTUS guidelines, tramadol, gabapentin, cyclobenzaprine are not recommended as a topical product. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of this request is not established for these creams.