

Case Number:	CM14-0130549		
Date Assigned:	08/20/2014	Date of Injury:	04/28/2012
Decision Date:	10/30/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 63-year-old female who sustained a work related injury on 04/28/2012 as result of cumulative, repetitive injuries to multi body regions. Since then, she has complained of neck, bilateral shoulders and wrist, lower back and bilateral knee pain. Her pain ranges from 6-8/10 in pain intensity, depending upon the area of the body, ranging in pain characterization from sharp, dull to burning with an intermittent constant pain presentation. Dependent upon the body area, there is tenderness to palpation with appreciable trigger points identified (Trapezius as example). Noted decreased range of motion identified in all areas tested (cervical, shoulder, wrist, lumbar and knees). Neurologically, there are documented sensory deficits of the C5-T1 dermatomes of the upper extremity and L2-S1 myotome decreased at the bilateral lower extremities. In dispute is a decision for Compound: Cyclobenzaprine 2% / Tramadol 10% / Flurbiprofen 20% apply 3 times a day for pain #1 and Flurbiprofen 20%, Tramadol 15% apply 3 times a day for pain # 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Cyclobenzaprine 2% / Tramadol 10% / Flubiprofen 20% apply 3 times a day for pain #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112.

Decision rationale: The compound is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient does not have a documented failure of antidepressant treatment trial and MTUS guideline not recommending use of topical creams because of lack of peer reviewed literature, the request for the topical analgesic cream not medically necessary.

Compound: Flurbiprofen 20%, Tramadol 15% apply 3 times a day for pain # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112.

Decision rationale: The compound is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient does not have a documented failure of antidepressant treatment trial and MTUS guideline not recommending use of topical creams because of lack of peer reviewed literature, the request for the topical analgesic cream not medically necessary.