

Case Number:	CM14-0133685		
Date Assigned:	08/27/2014	Date of Injury:	04/19/1999
Decision Date:	10/08/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 case involves a 46-year-old female with a 4/19/99 date of injury, when she sustained the injury to the low back, neck and spine due to lifting boxes. The progress note dated 10/18/13 indicated that the patient was using Voltaren XR and Cyclobenzaprine 10%-Tramadol 10% topical cream. The patient was seen on 8/8/14 with complaints of continued neck and back pain and numbness and tingling in both hands. The patient had radiating pain from both extremities and she was avoiding the use of prescription medications in an attempt to control her pain by other means. Exam findings revealed tenderness over paravertebral muscles in the cervical, thoracic and lumbar spine. /the cervical range of motion was: flexion 40 degrees and extension 40 degrees. The lumbar spine range of motion was decreased. The neurologic examination of the upper and lower extremities showed normal motor, reflex and sensory exam. Straight leg raising test was negative bilaterally. The diagnosis is cervical/thoracic/lumbar strain and herniated disc of the lumbar spine Treatment to date includes physical therapy, home exercise program, thoracolumbar brace, work restrictions and medications. An adverse determination was received on 7/25/14 given that there was a lack of documentation indicating that the patient tried and failed oral medications or tried other topical agents, including over the counter version.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Tramadol compound cream 120 grams (1 month supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The progress notes stated that the patient was using the compound cream at least from 10/18/13. However, there is a lack of documentation indicating any subjective or objective gains from the treatment. In addition, the compound medications containing topical analgesics are not recommended due to the guidelines. Therefore, the request for Cyclobenzaprine/Tramadol compound cream 120 grams (1 month supply) is not medically necessary.