

Case Number:	CM14-0142634		
Date Assigned:	09/10/2014	Date of Injury:	10/26/2012
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and wrist pain reportedly associated with an industrial injury of October 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; topical compounded agents; opioid therapy; and earlier wrist surgery. In a Utilization Review Report dated August 6, 2014, the claims administrator denied a request for a cyclo-keto-lido topical compounded cream. The applicant's attorney subsequently appealed. The topical compounded cream at issue was apparently endorsed via a July 7, 2014 progress note, handwritten, difficult to follow, not entirely legible, in which the applicant presented with 7/10 low back and neck pain. The topical compounded cream in question was renewed. Several consultations, including with ophthalmology and neurology, were reportedly pending. The applicant was returned to regular duty work. In an applicant questionnaire dated August 15, 2014, the applicant did suggest that she was, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

CycloKetoLido cream 240gm, QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is not clearly stated why the applicant cannot or could not employ first-line oral pharmaceuticals here. Therefore, CycloKetoLido cream 240gm, QTY: 2.00 is not medically necessary.