

Case Number:	CM14-0182962		
Date Assigned:	11/07/2014	Date of Injury:	08/03/2012
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 44-year-old male with a date of injury of 08/03/2012. The listed diagnoses are: 1. Lumbar spine disk protrusion.2. Bilateral hip sprain/strain.3. Right knee S/P ORIF with residuals.4. (Illegible) sprain/strain.5. HTN.6. Stress, anxiety, depression.7. Right peroneal (illegible) positive EMG/NCV.8. Pacemaker 2014. According to progress report 08/27/2014, the patient presents with low back, hip, knee, foot, and ankle pain. Pain is rated as 3-6/10. The patient has been evaluated by a cardiologist, and a pacemaker was installed in April of 2014. Examination revealed blood pressure on the right 159/116 and on the left 130/90. Pulse is 110. Weight is 199. Provider states the pacemaker is on the left side of the chest, and the patient utilizes single-point cane for ambulation. There was limited range of motion in the lumbar spine and positive Kemp's test. Provider requests topical compound cream. Utilization review denied the request on 10/14/2014. Treatment reports from 04/04/2014 through 10/02/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Tramadol, Cyclobenzaprine 210 gm: 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 topical creams, Topical analgesics Page(s): 111.

Decision rationale: This patient presents with low back, hip, knee, foot/ankle pain. Provider is requesting a topical compound cream that includes Flurbiprofen, Tramadol, and Cyclobenzaprine 210 gm. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, Cyclobenzaprine is a muscle relaxant and not recommended in topical formulation and Tramadol is not recommended as a topical formulation. Therefore, the entire compound cream is not supported, recommendation is not medically necessary.