

Case Number:	CM14-0093209		
Date Assigned:	07/25/2014	Date of Injury:	03/05/2013
Decision Date:	09/17/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 52 years old male with an injury date on 03/05/2013. Based on the 05/29/2014 progress report provided by Dr. [REDACTED], the diagnoses are: lumbar disc displacement with radiculopathy, lumbar radiculopathy, lumbar spine sprain/strain, shoulder rotator cuff syndrome, shoulder sprain/strain, and insomnia. According to this report, the patient complains of: dull aching right shoulder pain, and low back pain that radiates to the bilateral lower extremities, left greater than right. The patient rated the pain as an 8/10 without medication, and 6/10 with medications. Numbness is noted at the bilateral lower extremities. The patient also experience loss of sleep due to pain. Tenderness and myospasm are noted over the paralumbar muscles bilaterally, the sciatic notches, right acromioclavicular, right subacrominal region, right greater tubercle and right rotator cuff muscles. Straight leg raise test and Braggard's test are positive, bilaterally. Positive right Impingement test and Supraspinatus are also noted. Lumbar and right shoulder ranges of motion are restricted. Decreased sensory sensation of L4 and L5 dermatomes are noted. There were no other significant findings noted on this report. The utilization review was not medically necessary on 06/16/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 07/06/2013 to 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo/Tram/Flurbi: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the 05/29/2014 report by Dr. [REDACTED] this patient presents with dull and aching right shoulder pain, and low back pain that radiates to the bilateral lower extremities, left greater than right. The provider is requesting Cyclo/Tram/Flurbi topical compound product. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended than the entire compound is not recommended. In this case, Cyclobenzaprine is not recommended for topical formulation, and therefore the recommendation is not medically necessary.

Cyclo/Lido/Tram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the 05/29/2014 report by Dr. [REDACTED] this patient presents with dull and aching right shoulder pain and low back pain that radiates to the bilateral lower extremities, left greater than right. The provider is requesting Cyclo/Lido/Tram. Regarding topical compounds, MTUS states; "that if one of the compounded product is not recommended than the entire compound is not recommended." In this case, Cyclobenzaprine is not advised for topical formulation, and therefore is not medically necessary.