

Case Number:	CM14-0218350		
Date Assigned:	01/08/2015	Date of Injury:	11/14/2012
Decision Date:	03/09/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a female, who was injured on November 14, 2012, while performing regular work duties. The injury occurred when the injured worker was stuck by several boxes of patient records, and resulted in neck pain with radiation to both hands, and associated headaches. The injured worker has received treatment including medications, trigger point injections, radiological imaging, transcutaneous electrical nerve stimulation unit, laboratory evaluations, physical therapy, cognitive behavioral therapy, and a home exercise program. Physical findings on January 6, 2015, are demonstrated as cervical spine pain with no change, and both wrists with increased throbbing pain. The request for authorization is for prospective usage of Ibuprofen 10% cream, quantity #60 grams (with one (1) refill); and prospective usage of Cyclobenzaprine cream 2% cream, quantity #60 grams (with one (1) refill). The primary diagnosis is cervical region radiculopathy. On December 29, 2014, Utilization Review non-certified the request for prospective usage of Ibuprofen 10% cream, quantity #60 grams (with one (1) refill); and prospective usage of Cyclobenzaprine cream 2% cream, quantity #60 grams (with one (1) refill), based on Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 10% cream 60gm with one refill: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in both of her hands and wrists. The request is for IBUPROFEN 10% cream 60gm with 1 refill. MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. It further states that NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use --4-12 weeks--". "In this case, none of the report mention medication except the request. The patient does present with osteoarthritis in her thumb for which topical Ibuprofen trial may be indicated. However, the request is with a refill and it is not known how long the patient has been on this topical. The treater does not discuss it's efficacy and how it has been or is to be used. If it is for a first-time trial, a refill would not be necessary. The request IS NOT medically necessary.

Cyclobezaprine cream 2% 60gm with 1 refill: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in both of her hands and wrists. The request is for CYCLOBENZAPRINE CREAM 2% 60gm with 1 refill. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS guidelines do not recommend muscle relaxant as topical cream. The request IS NOT medically necessary.