

Case Number:	CM14-0219074		
Date Assigned:	01/09/2015	Date of Injury:	01/16/2013
Decision Date:	03/05/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 47 year old male, who sustained an industrial injury on January 16, 2013. He has reported pain in left wrist and elbow, the document is handwritten and not entirely legible. The diagnoses have included sprain of wrist, ganglion cyst and left elbow sprain. Treatment to date has included acupuncture, left wrist excision of lunatic cyst, topical and oral medication. Currently, the IW complains of pain in the left wrist and elbow and difficulty with pulling. December 15, 2014 Utilization Review non-certified a topical cream (Tramadol, Flurbiprofen 3mg, Cyclobenzaprine) noting Medical treatment utilization schedule (MTUS) guidelines and Official Disability Guidelines (ODG) was cited. On December 2, 2014, the injured worker submitted an application for IMR for review of a topical cream (Tramadol, Flurbiprofen 3mg, and Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream (Tramadol, Flurbiprofen 3 mg, Cyclobenzaprine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded Drugs Section

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

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that: the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case.