

Case Number:	CM15-0006378		
Date Assigned:	01/26/2015	Date of Injury:	09/10/1975
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

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 39-year-old female who reported an injury on 12/28/2011. The injury was pulling open a door when she suffered a neck, low back and bilateral upper extremity strain. The current diagnoses include cervical strain with radiculitis, left shoulder strain, left knee strain, and lumbar spine strain with right radiculitis. The injured worker presented on 01/05/2015 with complaints of 5/10 increasing lower back pain and 5/10 left shoulder pain. Upon examination, the injured worker had an antalgic gait and erect posture with stiffness and guarding. The injured worker utilized crutches for ambulation assistance. Recommendations at that time included continuation of the current medication regimen of Prilosec 20 mg, Voltaren ER 100 mg and 2 compounded creams. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo 2% Cream 60gm Quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Topical Analgesics.

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended, as there is no evidence for the use of a muscle relaxant as a topical product. Given the above, the request is not medically appropriate.