

Case Number:	CM15-0108418		
Date Assigned:	06/15/2015	Date of Injury:	09/03/2013
Decision Date:	07/16/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 3, 2013. In a Utilization Review report dated May 30, 2015, the claims administrator failed to approve a request for a topical compounded medication. The claims administrator referenced an April 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a December 9, 2014 medical-legal evaluation, it was acknowledged that the applicant was no longer working. In a pain management note dated January 8, 2015, the applicant reported ongoing complaints of low back pain, neck pain, insomnia, and shoulder pain. Tramadol, epidural steroid injection therapy, Neurontin, Ambien, and the topical compounded medication in question were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dispensed 4/16/15 to 4/21/15) - Cyclobenzaprine/Lidocaine, duration and frequency unknown: 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 Analgesics Page(s): 111-113.

Decision rationale: No, the topical compounded cyclobenzaprine-containing cream is not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as the cyclobenzaprine, the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals including tramadol, Neurontin, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" agents such as the compound in question. Therefore, the request is not medically necessary.