

Case Number:	CM15-0017670		
Date Assigned:	02/05/2015	Date of Injury:	07/13/2013
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/30/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old male who reported an injury on 07/13/2013 due to an unspecified mechanism of injury. On 01/05/2015, he presented for a followup evaluation. He reported continued neck pain rated at a 7/10 to 8/10 with radiation of symptoms. He also reported low back pain rated at a 7/10 to 8/10. A physical examination was not provided for review. He was diagnosed with status post cerebral concussion, cervical spine sprain and strain, lumbar spine sprain and strain, and bilateral knee sprain and strain. It should be noted the documentation provided was handwritten and illegible. The treatment plan was for cyclotramadol cream #60 with 1 refill. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-Tramadol cream #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114..

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also stated that muscle relaxants are not recommended for topical use. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the neck and low back. However, there is a lack of documentation indicating that the injured worker has neuropathic pain or that he has tried and failed recommended oral medications to support the request. Also, a topical analgesic containing the medication cyclobenzaprine would not be supported as it is not recommended by the guidelines. Furthermore, the frequency of the medication was not stated within the request and refill of the medication would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.