MAXIMUS Federal Services

Case Number:	CM15-0110073		
Date Assigned:	06/16/2015	Date of Injury:	08/26/2009
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts
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 50-year-old male who sustained an industrial injury on 08/26/2009. Current diagnoses include bilateral SLAC wrist arthrosis, left cubital tunnel syndrome, left radial tunnel syndrome, left carpal tunnel syndrome, left lateral epicondylitis, left shoulder impingement, cervical arthrosis, rule out right thoracic outlet syndrome, status post right cubital tunnel release, right epicondylar repair, right radial tunnel release, right wrist arthroscopy with debridement, and right shoulder surgery. Previous treatments included medications, acupuncture, chiropractic, physical therapy, epidural injection to the lumbar spine, interlaminar epidural steroid injection to the cervical spine, right upper extremity surgery, sacroiliac joint injection, TENS unit, cervical trigger point injection, psychiatric consultation, and home exercise program. Report dated 05/07/2015 noted that the injured worker presented for follow up. It was noted that he has received authorization for his left knee surgery, but continues to have pain and some numbness in the arms. Pain level was not included. Physical examination was positive for decreased range of motion of the cervical spine with pain and stiffness in the shoulders with some pain on range of motion, slight epicondylar tenderness on the left, slight radial tunnel tenderness on the left, Tinel's sign and elbow flexion tests are positive on the left cubital tunnel, Tinel's sign and Phalen's test are positive at the left carpal tunnel, and slight swelling and stiffness in the wrists with pain on range of motion. The treatment plan included proceeding with left knee surgery, continue home program for his upper extremities and will consider proceeding with further surgery once he has recovered from the knee surgery, and follow up in 6 weeks. Disputed treatments include CM4-Caps 0.05% + Cyclo 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4-Caps 0.05% + Cyclo 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, page 60 (2) Topical Analgesics, pages 111-113.

Decision rationale: The claimant sustained a work injury in August 2009 and continues to be treated for radiating neck and back pain. When seen, there was an antalgic gait and he was using a cane. There was decreased and painful cervical and lumbar spine range of motion with positive facet loading. There was bilateral sacroiliac joint tenderness. A pair testing was positive. There was decreased strength and sensation. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Additionally, oral cyclobenzaprine was also prescribed. Therefore, this medication is not medically necessary.