

Case Number:	CM15-0175339		
Date Assigned:	09/16/2015	Date of Injury:	01/24/2011
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 55 year old male, who sustained an industrial injury on January 24, 2011. He reported groin pain, lumbar pain, bilateral knee pain, left shoulder pain and neck pain. The injured worker was diagnosed as having cervical spine strain with no cervical radiculopathy noted on EMG/NVC on August 17, 2012 and noted abnormalities on cervical spine magnetic resonance imaging (MRI) on March 13, 2013, bilateral shoulder sprain and right shoulder impingement, status post left shoulder arthroscopic repair of superior lateral SLAP tear, debridement of rotator cuff and posterior labral tear, acromioplasty and resection of the distal clavicle on December 2, 2014, bilateral wrist sprain and strain and left De Quervain's and mild carpal tunnel syndrome noted on EMG/NCV of the upper extremities on August 17, 2012, right metacarpophalangeal pain, lumbar spine strain and sprain, bilateral knee pain and internal derangement status post left knee surgery, status post bilateral inguinal hernia repairs and adjustment disorder with depression and anxiety. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions, cortisone injections to bilateral knees, medications and work restrictions. Currently, the injured worker continues to report groin pain, lumbar pain, bilateral knee pain, left and right shoulder pain and neck pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on March 13, 2015, revealed continued pain as noted. He rated his left shoulder pain at 8, right shoulder pain at 3-4, bilateral knee pain at 8 and cervical and lumbar spine pain at 8 on a 1-10 scale with 10 being the worst. Evaluation on May 13, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst.

He noted his sleep was greatly disturbed by the pain. He noted severe depression and anxiety, interference with social activities, major changes in sexual function and difficulty with concentration. Medications were continued. The RFA included requests for Cyclo-Ultram Cream (Cyclobenzaprine 10%/ Tramadol 10%) 180gm #1 with one refill and was non-certified on the utilization review (UR) on August 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-Ultram Cream (Cyclobenzaprine 10%/ Tramadol 10%) 180gm #1 with one refill:
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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2011 and is being treated for neck and low back pain, bilateral knee and shoulder pain, and groin pain and with secondary depression and anxiety. When seen, medications were helping. There was a pending orthopedic follow-up after an MR arthrogram of the knee. Physical examination findings included a BMI of 37. He was in no distress. He had difficulty standing and transitioning positions, which were done protectively and stiffly. There was an antalgic gait without use of an assistive device. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product and guidelines indicate that there is little to no research to support the use of compounded topical Tramadol. 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 would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This topical medication was not medically necessary.