

Case Number:	CM15-0068602		
Date Assigned:	04/16/2015	Date of Injury:	09/25/2014
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 30 year old female injured worker suffered an industrial injury on 09/25/2014. The diagnoses included cervical spine sprain/strain, right upper extremity radiculopathy, right rotator cuff tear and right wrist sprain/strain. The diagnostics included x-rays of the cervical and thoracic spine. The injured worker had been treated with medications. On 3/11/2015 the treating provider reported continuous sharp pain to the neck radiating to the shoulders blades, arms and hands with numbness and tingling. There was muscle spasms and tenderness to the cervical spine with tenderness to the shoulders and wrists. The treatment plan included solar care FIR heating system and Cyclo/Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Solar care FIR heating system with FIR heat pad, portable: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173-174, 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Per the ACOEM guidelines, the at home application of heat and cold packs are as effective as those performed by therapist, or implication, those deliver via high-tech means. In this case the prescribing physician provided no rationale to justify this treatment over conventional forms of heat that are accessible to the injured worker. Medical necessity cannot be affirmed.

1 Compound medication: Cyclo/Tramadol cream: 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): 60, 111-113.

Decision rationale: Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individual. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [Besides baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. The MTUS is silent on the use of tramadol topically. However, note the statement on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As none of the agents in the requested compound are recommended, the request is not medically necessary.