

Case Number:	CM15-0069197		
Date Assigned:	04/16/2015	Date of Injury:	04/18/2008
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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

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 59 year old, female who sustained a work related injury on 4/18/08. The diagnoses has included myalgia and myositis, nonorganic sleep disorder and osteoarthritis. Treatments have included medicated pain cream/gel and oral medications. In the PR-2 dated 1/29/15, the injured worker complains of continuing body pain, chronic fatigue and problems sleeping. With the gel usage, there is no new joint swelling. The treatment plan is a refill of the medicated cream/gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound of Cyclobenzaprine, Gabapentin, Lidocaine, and Capsaicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical muscle relaxants Page(s): 113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not

recommended. Regarding the request for topical cyclobenzaprine, gabapentin, lidocaine, and capsaicin, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested compound cream consistent of cyclobenzaprine, gabapentin, lidocaine, and capsaicin is not medically necessary.