

Case Number:	CM15-0069934		
Date Assigned:	04/17/2015	Date of Injury:	07/10/2014
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old male with an industrial injury date 07/10/2014. His diagnoses include cervical spine signs and symptoms with headaches, right upper extremity radiculopathy symptoms, left wrist signs and symptoms, lumbar spine signs and symptoms, gastritis due to meds and adjustment disorder with mixed anxiety and depressed mood. Prior treatments include physical therapy, acupuncture, cortisone injections and extracorporeal shockwave therapy. He presents on 03/04/2015 with complaints of right upper extremity radicular pain, lumbar spine, left wrist and right foot pain. Physical exam reveals mild cervical, thoracic and lumbar tenderness with spasms in cervical and lumbar area. Treatment plan for pain management included a cream for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLO-TRAMADOL CREAM QUANTITY REQUESTED: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. The claimant had increasing pain and was on oral analgesics as well. Since the compound above contains these topical Cyclobenzaprine, the compound in question is not medically necessary.