

Case Number:	CM15-0069973		
Date Assigned:	04/17/2015	Date of Injury:	08/29/2014
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic low back, neck, jaw, shoulder, arm, and hip pain reportedly associated with an industrial injury of August 29, 2014. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for cyclobenzaprine-tramadol containing topical compound. A March 12, 2015 progress note and associated March 15, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated March 12, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, elbow, and thumb pain. A cyclobenzaprine containing topical compound was endorsed, along with other unspecified medications. The applicant was kept off of work. A functional capacity evaluation was also proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo/Tramadol cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: No, the request for a cyclobenzaprine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider failed to furnish a compelling rationale for introduction, selection, and/or ongoing usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question in favor of first-line oral pharmaceuticals. Therefore, the request was not medically necessary.