MAXIMUS Federal Services

| Case Number: | CM15-0074240 | | |
|---|---|---|---|
| Date Assigned: | 04/24/2015 | Date of Injury: | 07/01/2010 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/18/2015 |

## 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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

December 1, 2010. The injured worker previously received the following treatments Klonopin, x-rays of the bilateral knee, TENS (transcutaneous electrical nerve stimulator) unit, Cyclobenzaprine/Tramadol topical cream, psychological service and cane. The injured worker was diagnosed with anxiety, depression, panic attacks, insomnia, and bilateral knee pain. According to progress note of March 17, 2015, the injured workers chief complaint was left knee pain. The physical exam noted tenderness along the lateral and medial joint lines of the left knee. Baler's cyst was mildly positive on the left knee. There was also tenderness of the medial and lateral joint lines of the bilateral ankles. The treatment plan included a prescription for Cyclobenzaprine/Tramadol topical cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo/ Tramadol Topical Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. As such, the request for Cyclo/ Tramadol Topical Cream is not medically necessary.