

Case Number:	CM15-0075063		
Date Assigned:	04/24/2015	Date of Injury:	06/18/2012
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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 43 year old male, who sustained an industrial injury on 6/18/2012. She reported injury from straining her lower back. The injured worker was diagnosed as having chronic lumbar pain with radiculopathy and chronic cervical pain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, cervical epidural steroid injection and medication management. In a progress note dated 2/12/2015, the injured worker complains of intermittent low back pain with bilateral lower extremity pain, bilateral knee pain, improved neck pain, bilateral wrist and lower forearm pain, bilateral foot and ankle pain, right sided migraine and stress syndrome. The treating physician is requesting Ultra flex-G.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraflex-G: Upheld

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

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

Decision rationale: Ultraflex-G is a combination of topical cyclobenzaprine, gabapentin, and tramadol. 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, 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 Ultraflex-G is not medically necessary.