

Case Number:	CM15-0076705		
Date Assigned:	04/28/2015	Date of Injury:	12/03/2013
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/21/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 46 year old female, who sustained an industrial/work injury on 12/3/13. She reported initial complaints of left shoulder and arm pain .The injured worker was diagnosed as having left shoulder and left upper trapezius sprain/strain. Treatment to date has included medication, injections, and physical therapy. Currently, the injured worker complains of left shoulder pain along with abdominal pain, depression, anxiety, and sleep disturbance. Per the primary physician's progress report (PR-2) on 3/11 /15, the left shoulder and arm pain was rated 5/10 and got worse with arm raising. There was limited range of motion. The requested treatments include CycloTram Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclotram Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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 recommends 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 anti-convulsants. 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." Cyclobenzaprine or muscle relaxants (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. Tramadol (not recommended) 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. Since this compound contains two compounds that are not recommended as topical agent, the request for Cylcotram Cream is not medically necessary.