

Case Number:	CM15-0094754		
Date Assigned:	05/20/2015	Date of Injury:	12/16/2013
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38-year-old female with a December 16, 2013 date of injury. A progress note dated February 24, 2015 documents subjective findings (increasing thoracic spine pain rated at a level of 4/10; lumbar spine pain rated at a level of 5-6/10 with radiation to the left lower extremity and foot, numbness and tingling; occasional weakness of the left leg), objective findings (no changes since exam on January 28, 2015), and current diagnoses lumbar spine sprain/strain and degenerative disc disease; left nerve root displacement; lumbar spine stenosis; bilateral lower extremity radicular symptoms; thoracic spine sprain/strain). Treatments to date have included physical therapy (increases pain), medications, imaging studies, and psychological evaluation. The treating physician documented a plan of care that included Naproxen, Cyclo-Tramadol cream, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-cyclo-tramadol cream (Cyclobenzaprine 10% 6gms, tramadol powder 10%, ultraderm base 48gms) 1/26/15: Upheld

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

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally MTUS specifically does not recommend the component ingredient cyclobenzaprine for topical use. This request is not medically necessary.

Retro Ibuprofen 800mg 1/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends anti-inflammatories as first-line treatment for musculoskeletal pain. However, in this case, a request for Naproxen has been separately certified and the records document that Ibuprofen was previously ineffective. Thus, there is no indication to use two simultaneous NSAIDs. The request is therefore not medically necessary.