MAXIMUS Federal Services

Case Number:	CM15-0097761		
Date Assigned:	05/28/2015	Date of Injury:	05/27/2014
Decision Date:	06/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 29-year-old female, who sustained an industrial injury on 5/27/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having neck sprain/strain. Treatment to date has included diagnostics, chiropractic, and medications. Currently, the injured worker complains of sporadic but unbearable pain in her cervical spine and back, rated 6-7/10 and intermittent throbbing pain in her right ear. Electromyogram and nerve conduction studies were documented as negative for cervical radiculopathy and with mild right carpal tunnel. She stated that chiropractic treatments were helpful. Physical exam noted no distress, erect posture, antalgic gait, and movement was with stiffness. Tenderness with spasm to the cervical spine was noted. Cervical compression test was positive and range of motion was decreased in the cervical spine. Motor and sensory deficits were not documented. Current medication regimen was not noted. The treatment plan included Cyclo/utram cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cycloultram cream with 1 refill: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.