MAXIMUS Federal Services

Case Number:	CM13-0013632		
Date Assigned:	03/10/2014	Date of Injury:	12/01/1989
Decision Date:	07/24/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old male who was injured on 12/01/1989. Medical records indicate that the patient is undergoing treatment for cervical radiculopathy, lumbosacral radiculopathy, Bilateral wrist tendinitis/bursitis, and Status post knee arthroscopy with residuals. Follow-up pain management note dated 02/12/2013 documented the patient is not undergoing any type of physical therapy or other modes of treatment, and instead has continued his medications without any type of side effects such as nausea, vomiting, constipation, oversedation or epigastric pain. Follow up pain management note dated 06/04/2013 documented the patient with complaints of pain in neck, back, bilateral wrists as well as right knee arthroscopy. He is currently maintained on Norco 75 mg three times per day as well as Norflex and Baclofen cream. He states no significant side effects with the current regimen. Objective findings on exam included there is spasm, tenderness, and guarding are noted in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF COMPOUND MEDICATION: C-KETO 10%LIDO10%BACLO10% #180 + DISPENSING FEE DISPENSED ON 1/26/2011: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic's Page(s): 111.

Decision rationale: MTUS states regarding topical analgesics, "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." 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 compound drug requested contains both Lidocaine and Baclofen. MTUS writes regarding topical Baclofen, "Not recommended . . . There is no peer-reviewed literature to support the use of topical Baclofen." As such, the retrospective request for 1 prescription of compound medication: C-KETO 10%Lido10%Baclo10% #180 + dispensing fee dispensed on 1/26/2011 is not medically necessary.