

Case Number:	CM13-0013962		
Date Assigned:	10/11/2013	Date of Injury:	11/06/2005
Decision Date:	01/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, and is licensed to practice in Texas. 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 physician 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 59 year old female who reported an injury on 11/6/05. The patient's injury occurred as a result of performing her usual and customary job duties, i.e. taking care of 10-12 residents. The patient had complaints of pain to her cervical spine, and has had physical therapy, acupuncture, and a trial of different topical analgesics; she has refused oral pain medication. The patient has had carpal tunnel surgery, but continues to complain about range of motion issues and pain in regards to her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

baclo/cyclo/flurb/lido cream: Upheld

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

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

Decision rationale: The California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Many agents are compounded as monotherapy or in combination for pain control; however, 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 cannot be recommended as a complete compound. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The patient has had a trial of a topical analgesic and noted that it was not successful. Also, the requested compound includes Baclofen and Cyclobenzaprine, which are not recommended in a topical formulation, as well as Lidocaine, which is not supported in forms besides Lidoderm. As such, this request is non-certified.