

Case Number:	CM13-0020658		
Date Assigned:	10/16/2013	Date of Injury:	03/27/2012
Decision Date:	04/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 53-year-old male with a 3/27/12 date of injury. At the time (8/7/13) of request for authorization for Compound Cream, Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, and Prilocaine 2% in LAM 1.6 gram, QTY 1.00 and Compound Cream Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, and Tetracycline 2%, there is documentation of subjective (pain in the mid back and lower back) and objective (tenderness is noted at the paracervical muscles and trapezius, tenderness and trigger point noted on the right lumbar spine paravertebral muscles) findings, current diagnoses (cervical pain, cervical strain, low back pain, thoracic pain, and elbow pain), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND DREAM, FLURBIPROFEN 10%, CYCLOBENZAPRINE 1%, GABAPENTIN 6%, LIDOCAINE 2%, AND PRILOCAINE 2% IN LAM 1.6 GRAM, QTY: 1.00: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical pain, cervical strain, low back pain, thoracic pain, and elbow pain. The requested Compound Cream Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, and Tetracycline 2%, contains at least one drug (Cyclobenzaprine and Baclofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound Cream Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, and Tetracycline 2%, is not medically necessary.

COMPOUND CREAM-DICLOFENAC 3%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, AND TETRACYCLINE 2%: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical pain, cervical strain, low back pain, thoracic pain, and elbow pain. The requested Compound Cream, Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, and Prilocaine 2% in LAM 1.6 gram, QTY 1.00 contains at least one drug (lidocaine, Gabapentin, and Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound Cream, Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, and Prilocaine 2% in LAM 1.6 gram, QTY 1.00 is not medically necessary.