

Case Number:	CM13-0021332		
Date Assigned:	06/06/2014	Date of Injury:	07/24/1995
Decision Date:	07/28/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 48-year-old male who reported an injury on 07/24/1995. The mechanism of injury was not provided. On 08/27/2013 the injured worker presented with neck and shoulder pain. He also reported shooting pain from the right lower neck to the right trapezial ridge which caused reduced motion to the neck and low grade headaches. There was muscle spasm that seemed to get worse with movement and multifocal spasms caused by reduced range of motion and increased pain. There was a positive foraminal compression test, a positive shoulder depressor test, a positive Spurling's test, and tenderness to palpation to the C5, C6, and C7 and along the cervical paravertebral musculature. The diagnoses was cervical segmental dysfunction, cervical myofascitis/myospasms, and TMJ disorder. Prior therapy include chiropractic treatment and medication. The provider recommended a prescription of flurbiprofen/baclofen/gabapentin compound cream, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FLURBIPROFEN/ BACLOFEN/ GABAPENTIN COMPOUND CREAM: 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 Page(s): 111.

Decision rationale: The request for 1 prescription of flurbiprofen/baclofen/gabapentin compound cream is non-certified. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounding product that contain at least 1 drug that is not recommended, is not recommended. The guidelines note that muscle relaxants are not recommended for topical application. The guidelines note gabapentin is not recommended for topical application. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendinitis in particular that of the knee or elbow and other joints that are amenable to topical treatment. It is recommended for short term use 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker's diagnosis was not congruent with the guideline recommendations for topical NSAID use. Additionally, the provider's request did not indicate the site at which the cream was intended for, the frequency, or the dose of the compound cream. As such, the request is non-certified.