

Case Number:	CM13-0028126		
Date Assigned:	11/22/2013	Date of Injury:	03/18/2004
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in 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 61-year-old male who reported an injury on 03/18/2004. The patient is currently diagnosed with spinal enthesopathy, lumbago, sacroiliitis, postlaminectomy syndrome, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and insomnia. The patient was seen by [REDACTED] on 10/22/2013. The patient reported lower back pain with bilateral lower extremity pain. Physical examination revealed trigger points at the upper outer quadrant of the buttock, paraspinal muscle tenderness, mild spasm, mild pain with extension and axial loading, normal lumbar range of motion, diminished patella and ankle reflexes in bilateral lower extremities, and intact sensation. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded Ketoprofen, Baclofen, Cyclobenzaprine, Gabapentin, Bupivacaine, Propylene PCCA custom cream: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended as there is no peer reviewed literature to support its use topically. Other muscle relaxants, such as cyclobenzaprine, are not recommended as there is no evidence for the use of a muscle relaxant as a topical product. California MTUS Guidelines further state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Therefore, the current request cannot be determined as medically appropriate. As such, the request is noncertified.