MAXIMUS Federal Services

Case Number:	CM13-0032539		
Date Assigned:	04/25/2014	Date of Injury:	01/21/2002
Decision Date:	06/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Arizona. 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 36-year-old female who worked as a Police officer. She has suffered a couple of injuries, first injury occurred in 2001 and the second injury in January 2002. Both these injuries were from falls that occurred when she was on duty. Since then she has complained of ongoing back pain. MRI (magnetic resonance imaging) has exhibited disc degeneration and protrusions at L4-5. She has undergone significant treatment which has included non-steroidal medication and muscle relaxants. She has also undergone epidural injection. The patient has history of pelvic and hip pain and has undergone sacroiliac (SI) joint injections and platelet rich plasma treatment. Most of her pain has been low back and pelvic area. No significant mention is made in the records regarding any radiating pain down the legs. The patient is also undergoing physical therapy and chiropractic care. Her treating physician also recommended the use of compounded topical cream containing ketamine, baclofen, cyclobenzaprine, diclofenac, gabapentin, and lidocaine. This particular treatment was not certified by medical reviewer in September, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION (KETAMINE 10%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, CASCADE DICOFENAC 3%, GABAPENTIN 6%, LIDOCAINE 2%), 240GM WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

Decision rationale: Topical compounded creams are not Food and Drug Administration (FDA) approved. The only approved topical treatment is diclofenac. Lidocaine can be used for a short time topically for neuropathic pain if standard oral treatment with anticonvulsant drugs such as gabapentin and antidepressant drugs such as amitriptyline fails. There are no clear indications that exist regarding the topical use of baclofen and gabapentin. Adequate studies do not exist in the literature regarding the efficacy of such treatment. This patient seems to experience mostly axial low back and pelvic area pain and there is no indication in the medical records that she suffers from neuropathic pain. As such, the requested compound medication is not medically necessary and appropriate.