

Case Number:	CM13-0046055		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2006
Decision Date:	03/07/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Cardiovascular Disease, 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 43-year-old female who reported an injury on 03/22/2006. The patient is currently diagnosed with lumbago, encounter for therapeutic drug monitoring, encounter for long-term (current) use of other medication, sacroiliitis, and obesity. The patient was recently seen on 10/14/2013. The patient reported ongoing bilateral SI (Sacroiliac) joint pain. Physical examination revealed tenderness to palpation over the lumbosacral spine, tenderness in the sacral spine region, 4+ bilateral SI joint tenderness, and painful range of motion. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Ketamine/Baclofen/Cyclobenz/Diclofena/Gabapen, 30 day supply:
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 Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state 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. As per the clinical documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Additionally, the Chronic Pain Medical Treatment Guidelines state any compounded product that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer-reviewed literature to support its use. Muscle relaxants are also not recommended as there is no evidence for the use of a muscle relaxant as a topical product. The request for compound medication Ketamine/Baclofen/Cyclobenz/Diclofena/Gabapen, 30 day supply, is not medically necessary or appropriate.