

Case Number:	CM13-0046490		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2010
Decision Date:	05/22/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Interventional Spine 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:

This case involves a 54 year-old male who was injured on 2/4/10. According to the 10/22/13 medical report from [REDACTED] (family practice), the patient has a future medical award and is being seen for cervical and lumbar complaints. [REDACTED] does not provide a diagnosis, but states the patient presents with 2/10 back pain, 6/10 neck pain, and 6/10 mid back pain. He has had TFESI on 5/29/13 and 9/18/13 at right L5/S1, also s/p RFA of the cervical spine with minimal benefit. On 11/4/13, UR recommended non-certification for a compounded topical medication containing Diclofenac, Baclofen, Cyclobenzaprine, Gabapentin, and Tetracaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC 3%-BACLOFEN 2%-CYCLOBENZAPRINE 2%-GABAPENTIN 6%-TETRACAINE 2; APPLY 1-2 GM AFFECTED AREA 3-4 TIMES A DAY #50GM:

Upheld

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

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

Decision rationale: The patient presents with chronic neck and back pain. The review is for a compounded topical medication containing Diclofenac, Baclofen, Cyclobenzaprine, Gabapentin, and Tetracaine. On page 111, under topical analgesics, California MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The medication contains Baclofen. The California MTUS specifically states topical Baclofen is not recommended. Therefore the whole compounded product that contains Baclofen is not recommended. Additionally, California MTUS does not recommend topical NSAIDs such as Diclofenac for use over the spine, nor do the guidelines recommend use of topical Cyclobenzaprine, or topical Gabapentin. The use of the above compounded topical medication is not in accordance with California MTUS guidelines.