

Case Number:	CM13-0047826		
Date Assigned:	12/27/2013	Date of Injury:	08/05/1998
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & 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 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 60-year-old female with date of injury on 08/05/1998. The progress report dated 09/11/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) lumbar radiculopathy, (2) lumbar spondylolisthesis, (3) lumbar decompression. The patient has had prior lumbar spine surgery, which was very successful in 2005. She has new significant right-sided leg pain in the femoral nerve distribution. Utilization review letter dated 10/18/2013 indicates there was a request for a compounded Diclofenac/baclofen/Cyclobenzaprine/Gabapentin/tetrac #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Diclofenac/Baclofen/Cyclobenzaprine/Gabapentin/Tetrac 30 day supply #300:
Upheld

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

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

Decision rationale: The requested compounded product contains Diclofenac, baclofen, Cyclobenzaprine, Gabapentin, tetrac. The MTUS Chronic Pain Guidelines regarding topical analgesics, state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS Chronic Pain Guidelines state that baclofen is not recommended for topical application as there is no current literature to support the use of topical baclofen. The compounded formula appears to contain several ingredients that are not recommended for topical use by the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.