

Case Number:	CM13-0048073		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2005
Decision Date:	02/28/2014	UR Denial Date:	10/02/2013
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 Anesthesiology, has a subspecialty in Pain Medicine 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 59-year-old female who reported injury on 09/06/2005. The mechanism of injury was stated to be the patient was working as a bus driver, and slipped and fell down the stairs of a bus while exiting the bus. The patient was noted to have trialed and failed ibuprofen, Celebrex, Soma, Vicodin, Skelaxin, and Lyrica. The patient was noted to have neck pain and was asking to try a compounded topical cream for inflammatory pain. The patient's diagnoses were noted to include chronic pain syndrome. The request was made for Dermatrand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dermatrand Compound Cream

(Diclofenac/Baclofen/Bupivacaine/Lotsensin/Ibuprofen): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Topical Analgesics pages, section on Diclo.

Decision rationale: The MTUS Chronic Pain Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. MTUS Chronic Pain Guidelines also state that there is no peer-reviewed literature to support the use of topical baclofen. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations, as there was lack of documentation indicating the necessity for baclofen, bupivacaine, and topical Lotensin. There was a lack of documentation indicating the quantity of medication requested. Given the above, the request for Retrospective Dermatrand Compound Cream (Diclofenac/baclofen/bupivacaine/Lotensin, ibuprofen), is not medically necessary and appropriate.