

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0054610 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 03/01/2002 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 Occupational 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 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 34 year old female has reported multifocal pain attributed to office work, with a listed date of injury on 3/1/02. Diagnoses have included neck pain, arthritis of the neck, cervical degenerative disk disease, cervical radiculitis, myofascial pain, wrist pain, elbow pain, and shoulder pain. She has been treated with injections, multiple medications, physical therapy, massage, and TENS. A pain cream containing baclofen 2%, Cyclobenzaprine 2%, Diclofenac 15%, and lidocaine 5% was prescribed/dispensed on 10/24/13. At that time, the injured worker reported ongoing widespread pain. The treating physician did not provide an explanation of the ingredients and indications for the components of the pain cream. Current oral medications included ibuprofen. The treating physician started the pain cream in 2013 without any trials of the specific ingredients alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN CREAM - BACLOFEN 2%/ CYCLOBENZAPRINE 2%/ DICLOFENAC 15%/ LIDOCAINE 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (not present in this case). Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Two muscle relaxants (baclofen, Cyclobenzaprine) were dispensed simultaneously, which is duplicative, unnecessary, and potentially toxic. This injured worker is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Note that topical Diclofenac 15% is not FDA approved. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.