

Case Number:	CM13-0057120		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2012
Decision Date:	04/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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:

The patient is a 44 year-old female who was injured on 3/5/12. According to the 10/24/13 report from [REDACTED], the patient presents with 4/10 neck pain. Muscle relaxants are reported to worsen the condition. She has 3/10 back pain, 2/10 left shoulder pain, 5/10 thoracic pain, 4/10 pain in the right hip and leg. She has been diagnosed with cervical, thoracic, and lumbar pain and a rotator cuff tear, s/p arthroscopy on May 9th. The plan was for a compound topical with Diclofenac, Baclofen, cyclobenzaprine, gabapentin and tetracaine; Motrin; Lidoderm patches, RFA lumbar spine, and referral to [REDACTED] for thoracic spinal pain. On 11/15/13, Excel Managed Care recommended non-certification for the compounded topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC, BACLOFEN, CYCLOBENZAPRINE, GABAPENTIN, AND TETRACAINE: 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 neck, mid and low back pain and left shoulder pain. The request is for the necessity of a compound topical consisting of Diclofenac, Baclofen, cyclobenzaprine, gabapentin and Tetracaine. On page 111, under topical analgesics, 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". MTUS specifically states Baclofen and gabapentin are not recommended for topical applications, so the whole compound that contains these, are not recommended. The request is not in accordance with MTUS guidelines.