

Case Number:	CM13-0057224		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2002
Decision Date:	04/10/2014	UR Denial Date:	10/29/2013
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 Neurology, has a subspecialty in Neuromuscular 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:

Debbie Mobley is a 55 year old woman who sustained a work related injury October 23 2002. Subsequently the patient developed chronic neck pain. According to a progress note performed on October 16 2013, the patient condition improved with physical therapy. However the patient continued to have neck tenderness with reduced range of motion. There is a limitation of shoulder range of motion bilaterally. The provider requested authorization to use Diclofenae/Baclofen/Cyclobenzaprine/Gabapentin/Tetracaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenae/Baclofen/Cyclobenzaprine/Gabapentin/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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Some of the component of the prescribed medication is approved for neuropathic pain and osteoarthritis. According to the patient file, there is no clear documentation that the patient developed osteoarthritis or have neuropathic pain. There is no clear documentation that the patient failed oral form of the prescribed medications. Based on the above diclofenae/Baclofen/Cyclobenzaprine/Gabapentin/Tetracaine is not medically necessary