

Case Number:	CM13-0063213		
Date Assigned:	04/30/2014	Date of Injury:	04/27/2004
Decision Date:	06/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal 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:

The patient has submitted a claim for lumbosacral spondylosis and spondylolisthesis associated with an industrial injury date of April 27, 2004. Treatment to date has included NSAIDs, opioids, physical therapy, lumbar brace, lumbar radiofrequency ablation, epidural steroid injections, and surgery. Medical records from 2013 were reviewed. The patient complained of persistent low back pain with radiation to the posterior legs. Physical examination revealed pain in the back and posterior legs in the L5 and S1 nerve distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND - DICLOFENA/BACLOFEN/CYCLOBENZ/GABAPENT/TETRAC #120:
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: As stated on pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs, such as diclofenac, have been showed to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. This is particularly indicated for

osteoarthritis and tendinitis of the knee, elbow, or other joints for short-term use (4-12 weeks). In addition, gabapentin, baclofen, cyclobenzaprine, and lidocaine are not recommended for topical applications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the patient has been prescribed with this medication since December 2013. The use of this topical medication is not recommended per CA MTUS guidelines. There is no discussion regarding the need for variance from the guidelines. Therefore, the request is not medically necessary.