

Case Number:	CM13-0069338		
Date Assigned:	01/03/2014	Date of Injury:	11/02/2005
Decision Date:	05/23/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 50 year old male who was injured on 11/2/05. The diagnoses listed are bilateral knee pain, thoracic spine pain, and low back pain. The patient had a prior L4-L5 fusion, but radiological tests in 2011 revealed loose screws. A revision surgery with removal of hardware and fusion was recommended, but not yet performed. The patient has had several knee injections. On 12/11/13, [REDACTED] documented subjective findings of burning pain and stiffness. The medications listed are Norco, ibuprofen, and compound DBCGT cream for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF COMPOUNDED CREAM/LOTION: DICLOFENAC 3%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, TETRACAINE 2% (DBC GT): Upheld

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

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

Decision rationale: The California MTUS addresses the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations can be utilized to treat neuropathic

pain when trials of anticonvulsant and antidepressant medications have failed. The records indicate that the patient has not failed treatment with oral anticonvulsant or antidepressant medications. Guidelines recommend that topical medications be tried and evaluated individually for efficacy. The DBCGT compound cream contains Diclofenac 3%, baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, and Tetracaine 2%. There are no FDA approved indications or guideline recommendations for use of topical formulations of baclofen, Cyclobenzaprine, Gabapentin, or Tetracaine in the treatment of musculoskeletal or neuropathic pain. The subjective symptoms and objective signs did not meet diagnostic criteria for neuropathic pain syndrome. As such, the request is not medically necessary.