

Case Number:	CM14-0003079		
Date Assigned:	01/31/2014	Date of Injury:	02/02/2004
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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:

Patient is an employee of [REDACTED] who has submitted a claim for neck and shoulder pain associated with an industrial injury date of 02/02/2004. Treatment to date has included medications namely, Naproxen 500 mg, Tizadine 4 mg, and Compound Cream: Diclofenac 10%, Flurbiprofen 10%, Gabapentin 10% and Lidocaine 5% prescribed since at least July 11, 2013. Medical records from 2013 were reviewed which revealed persistent severe muscle spasms to her neck and shoulders. She stated that her pain radiates to her shoulder blades. Physical examination showed limited cervical range of motion with flexion, extension and side bending. Finkelstein, Tinel and Phalen's tests were positive. Utilization review from 12/26/2013 denied the request for Compounded Cream: Diclofenac 10%, Flurbiprofen 10%, Gabapentin 10% and Lidocaine 5% because the readily available topical agents and its preparation does not have any evidence of efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM: DICLOFENAC 10%, FLURBIPROFEN 10%, GABAPENTIN 10% AND LIDOCAINE 5%: Upheld

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

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 the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS supports a limited list of NSAID topicals which does not include Flurbiprofen. Diclofenac is FDA-approved topical agent. Regarding Gabapentin, CA MTUS does not support the use of gabapentin as a topical formulation. CA MTUS only supports lidocaine topical as a transdermal formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore the request for Compound Cream: Diclofenac 10%, Flurbiprofen 10%, Gabapentin 10% and Lidocaine 5% is not medically necessary.