

Case Number:	CM14-0005266		
Date Assigned:	01/24/2014	Date of Injury:	10/09/2012
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, Pain 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 injured worker is a 57 year old female who reported a right forearm and wrist injury from a fall on 10/19/2012. Within the clinical note dated 11/07/2013 the injured worker reported pain in her neck, right shoulder, right elbow, and right wrist with grasping weakness. The physical exam documented tenderness along her trapezius muscles with intact deep tendon reflexes and slight limited range of motion of the back. There is documentation of the sample cream provided to the injured worker in the office and included Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%. The request for authorization was dated 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL NEUROGENIC COMPOUND CREAM: 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): 111-112.

Decision rationale: The request for topical neurogenic compound cream is not medically necessary. There is documentation of the sample cream provided to the injured worker in the

office and included Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%. The CA MTUS guidelines recommend any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Baclofen is not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Gabapentin transdermally is not recommended. There is no peer-reviewed literature to support use. In addition, there is no evidence for use of any other muscle relaxant as a topical product. The compound had multiple drugs that are contraindicated by the guidelines that included Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, and Lidocaine 2.5%. Hence, the request is not medically necessary.