

Case Number:	CM14-0008115		
Date Assigned:	02/12/2014	Date of Injury:	04/30/2003
Decision Date:	07/02/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/22/2014

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 a 50-year-old male who has submitted a claim for chronic neck pain secondary to cervical degenerative disc disease, left knee arthritis, depression, and myofascial pain associated with an industrial injury date of 4/30/2003. Medical records from 2013 were reviewed. Patient complained of persistent pain at the left knee and neck, associated with muscle spasm and stiffness. Pain radiated to his left ear. He likewise complained of depression and sleeping difficulty. Patient was able to do household chores. Physical examination revealed tenderness at the left knee. Motor strength was normal. There was no swelling. Gait was slightly antalgic. Treatment to date has included left knee arthroscopy, and medications such as hydrocodone, Celebrex, Relafen, and topical cream. Utilization review from 12/26/2013 denied the request for BCDL cream because the guidelines do not support the use of topical baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

BCDL CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,(2009), TOPICAL ANALGESICS, 111-113.

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

Decision rationale: A search of online resources revealed that BCDL cream contains the following active ingredients: baclofen 2%, cyclobenzaprine 2%, diclofenac 15%, and lidocaine 15%. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of these agents. Baclofen in a topical formulation is not supported by the guidelines. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Diclofenac in topical formulation is recommended for osteoarthritis. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, the rationale for using BCDL cream is to reduce pain and stiffness of affected areas. There is no evidence that patient has intolerance to oral medications. Furthermore, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. BCDL cream contains drug components that are not recommended for topical use. Therefore, the request for BCDL cream is not medically necessary.