

Case Number:	CM14-0008289		
Date Assigned:	01/29/2014	Date of Injury:	03/01/2012
Decision Date:	06/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine & Rehabilitation 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 61-year-old female who reported an injury on 03/01/2012. The mechanism of injury was not provided. There was no DWC Form RFA or PR-2 submitted for the requested medication. The request per the application for independent medical review was for a compounded medication. The diagnosis was cervical disc displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD-DICLOFENA/CYCLOBENZ/KETAMINE/LIDOCAINE/MENTHO DAY
SUPPLY: 30 QTY: 60 REFILLS: 2: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines , Topical Analgesics, Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, Diclofenac, Ketamine, Cyclobenzap.

Decision rationale: The California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended diclofenac is indicated for relief of osteoarthritis pain in

joints that lend themselves to topical treatment. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was no DWC Form RFA or PR-2 submitted with a documented rationale for the necessity of this medication. The duration could not be established through supplied documentation. The frequency and strength of the medication was not provided. The documented necessity for 2 refills was not provided. Given the above, the request for diclofenac/cyclobenzaprine/Ketamine /Lidocaine/menthol, day supply: 30, quantity: 60, refills times 2 is not medically necessary.