

Case Number:	CM14-0100211		
Date Assigned:	07/30/2014	Date of Injury:	06/06/2012
Decision Date:	09/12/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 06/06/2012. He sustained an injury to his lower back while lifting a piano. The injured worker's prior treatment history included anterior cervical discectomy and fusion at the C5-6 and C6-7 levels, cortisone injection, physical therapy, aquatic therapy, psychiatric treatment, medications, MRI, EMG/NCV, x-rays and urine drug screen. The injured worker was evaluated on 06/09/2014 and it was documented that the injured worker complained of neck and back pain that was rated at an 8/10. He described his pain as constant, achy, shooting and cramping. Physical examination revealed a decreased and painful range of motion of the cervical spine. Medications included Topamax 50mg, Prilosec 20mg, Oxycodone 10mg, Vistaril 25mg, Tramadol 50mg and Lyrica 75mg. Diagnoses included cervical spine stenosis, rotator cuff syndrome, carpal tunnel syndrome and chronic pain syndrome. The Request for Authorization dated 06/17/2014 was for keta/baclo/cyclo/diclofen/gaba/lido cream. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keta/baclo/cyclo/diclofen/gaba/lido cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least (or drug class) that is not recommended. There is no evidence for use Ketamine is under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Any compounded product that contains at least one or more drug class is not recommended. Other muscle relaxants there is no evidence for use of any other muscle relaxant as a topical product. In addition, this agent has compounding agents with two or three oral agents together. The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. Gabapentin and Baclofen are not recommended. Topical NSAIDS are recommended for osteoarthritis and tendonitis in particular that of the knee or elbow or other joints amenable to topical treatments. Recommendations are made for a 4 to 12 week period. There is little evidence to utilize topical NSAIDS to treat osteoarthritis of the spine hip or shoulder. The guidelines do not recommend Cyclobenzaprine as a topical medication There is no peer-reviewed literature to support use of Gabapentin or Baclofen. There is no peer-reviewed literature to support the use of topical Baclofen. The documentation submitted failed to indicate the injured worker's outcome measurements of conservative care measures such as physical therapy and pain medicine management outcome. It was also unclear if the injured worker had a diagnosis which would be concurrent with the guideline recommendation of topical NSAIDS. Additionally, the request did not provide frequency or location where the compound cream will be applied. Therefore, the request for Keta/Baclo/Cyclo/Diclofen/Gaba/Lido cream is not medically necessary and appropriate.