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| Case Number: | CM14-0103382 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 08/15/2002 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 and is licensed to practice in Georgia. 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 patient is a female presenting with a work-related injury on 06/14/2014. Patient was diagnosed with cervicgia, tension type headache, unspecified, abnormality of gate, cervical spondylosis with myelopathy. On May 9, 2014 the patient complained of neck pain. The patient rated the pain as a 7.5/10. The patient also reported that medications help to maintain or function without side effects for soma. Patient medication include Crane, Vicodin, release, Naprosyn, soma, tearing gel, and Lunesta. The patient has also tried therapy, chiropractic, TENS unit, acupuncture, massage, only a happy, nutritional counseling, and reflexology. The patient has tried radiofrequency ablation and reported that it was helpful. A magnetic resonance imaging (MRI) of the cervical spine revealed interbody fusion, stenosis, and degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

diclofenac/cyclobenzaprine/gabapentin/tetracaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Gabapentin sectionMuscle Relaxants section NSAIDs sectionTo. Decision based on Non-MTUS Citation ODG, Pain Chapter, NSAIDsODG, Pain Chapter, topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: Diclofenac/Cyclobenzaprine/Gabapentin/Tetracaine is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Per CA MTUS, topical analgesics such as Diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.