

Case Number:	CM14-0105152		
Date Assigned:	07/30/2014	Date of Injury:	03/03/2014
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 31-year-old female who reported an injury on 03/03/2014. She was reportedly twisting off the cylinder lid for a nitrogen tank and hurt her wrist. On 04/07/2014, she presented with 7/10 pain. The note is handwritten and highly illegible. The diagnoses were thoracic tendonitis. Prior therapy included medications and physical therapy. The provider recommended Baclofen, Cyclobenzaprine, Ketoprofen, and Lidocaine cream. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2%: 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.

Decision rationale: The California MTUS state many agents are compounded as monotherapy or in combination for pain control including NSAIDs, Opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, Adenosine,

cannabinoids, cholinergic receptor agonists, prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic Amines, and Nerve Growth Factor. There is little to no research to support the use of many of these agents. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The injured worker does not have a diagnosis congruent with guideline recommendations. There is also a lack of evidence that the injured worker had failed a trial of antidepressants or anticonvulsants. The provider's request does not indicate the site that the cream is indicated for, the frequency, or the quantity in the request as submitted. As such, the request for Baclofen 2% is not medically necessary.

Cyclobenzaprine 2%: 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.

Decision rationale: The California MTUS state many agents are compounded as monotherapy or in combination for pain control including NSAIDs, Opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, Adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic amines, and Nerve Growth Factor. There is little to no research to support the use of many of these agents. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The injured worker does not have a diagnosis congruent with guideline recommendations. There is also a lack of evidence that the injured worker had failed a trial of antidepressants or anticonvulsants. The provider's request does not indicate the site that the cream is indicated for, the frequency, or the quantity in the request as submitted. As such, the request for Cyclobenzaprine 2% is not medically necessary.

Ketoprofen 15%: 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.

Decision rationale: The California MTUS state many agents are compounded as monotherapy or in combination for pain control including NSAIDs, Opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, Adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic amines, and Nerve Growth Factor. There is little to no research to support the use of many of these agents. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least

1 drug that is not recommended is not recommended. The injured worker does not have a diagnosis congruent with guideline recommendations. There is also a lack of evidence that the injured worker had failed a trial of antidepressants or anticonvulsants. The provider's request does not indicate the site that the cream is indicated for, the frequency, or the quantity in the request as submitted. As such, the request for Ketoprofen 15% is not medically necessary.

Lidocaine 5%: 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.

Decision rationale: The California MTUS state many agents are compounded as monotherapy or in combination for pain control including NSAIDs, Opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, Adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic amines, and Nerve Growth Factor. There is little to no research to support the use of many of these agents. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The injured worker does not have a diagnosis congruent with guideline recommendations. There is also a lack of evidence that the injured worker had failed a trial of antidepressants or anticonvulsants. The provider's request does not indicate the site that the cream is indicated for, the frequency, or the quantity in the request as submitted. As such, the request for Lidocaine 5% is not medically necessary.