MAXIMUS Federal Services

Case Number:	CM14-0107730		
Date Assigned:	08/01/2014	Date of Injury:	01/03/2006
Decision Date:	09/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/11/2014

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 Arizona. 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:

This patient is a 59-year-old male who suffered work-related injuries on 1/03/2006 from lifting and suffers from neck and upper extremity pain, numbness and tingling. He has undergone several pain procedures such as facet blocks, epidural injections and radiofrequency rhizotomy. He has also undergone multilevel cervical fusion. His treating physician, among other treatments, recommended a compounded cream containing several drugs such as Diclofenac, Baclofen, Cyclobenzaprine, Gabapentin, Orphenadrine and Tetracin and DMSO to be applied to several areas of pain over the neck and upper extremities while the patient is continuing to take oral pain medications. His examination revealed limited range of motion of the neck, muscle spasm in the neck and scapular regions, diminished reflexes in the upper extremities. This request was denied by a medical reviewer on 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac POW sodium cream (Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5%, Tetracin 2%, DMSO 10%): 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, muscle relaxants, gabapentin and others Page(s): 111-113.

Decision rationale: The California MTUS provide recommendations regarding the use of topical agents. They are largely experimental, only a few trials and studies available. Some of these agents such as Lidocaine are recommended for neuropathic pain. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. This statement virtually eliminates any compounded cream that contains non FDA approved substance. Non-steroidal topical cream containing Diclofenac may be used for short-term for osteoarthritis for certain joints such as knees and elbows. Baclofen, and any other muscle relaxant or Gabapentin are not recommended for topical use. Moreover this patient has neck, shoulder and arm pain. He has undergone significant amount of treatment and is taking oral medication with fairly good relief of pain. Therefore the additional use of topical creams will not provide any further help, and the use for larger areas exceeds the daily recommended those. Therefore the request is not medically necessary.