

<b>Case Number:</b>	CM14-0151253		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with the date of injury of May 23, 2012. A utilization review determination dated August 15, 2014 recommends non-certification for a topical compound. A progress report dated July 21, 2014 identifies subjective complaints of paracervical pain, left shoulder pain, and left upper back pain. Physical examination reveals pain-free cervical range of motion, normal motor strength, and abnormal sensory examination in the upper extremities. Shoulder examination reveals restricted range of motion. Diagnoses include chronic neck and left paracervical pain, chronic left shoulder pain, surgically excised lipoma, and multiple sclerosis. Future medical care includes over-the-counter medications including occasional prescription analgesics and most relaxants and possible physical therapy for flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for Baclofen/ Bupivacaine/ Cyclobenzaprine/ Dimethylsulfoxide/ Gabapentin/ Orphenadrine/ Pentoxifylline with 3 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Prospective request for Baclofen/ Bupivacaine/ Cyclobenzaprine/ Dimethylsulfoxide/ Gabapentin/ Orphenadrine/ Pentoxifylline with 3 Refills, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants and anti-epilepsy drugs are not supported by the CA MTUS for topical use. In light of the above issues, the currently requested Prospective request for Baclofen/ Bupivacaine/ Cyclobenzaprine/ Dimethylsulfoxide/ Gabapentin/ Orphenadrine/ Pentoxifylline with 3 Refills is not medically necessary.