

Case Number:	CM14-0169273		
Date Assigned:	10/17/2014	Date of Injury:	01/04/2013
Decision Date:	11/21/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/04/13 when, while working assembling and packaging parts, she developed bilateral shoulder, upper extremity, and cervical spine pain. She underwent an anterior cervical decompression and fusion on 09/10/13. She was seen on 03/21/14. She was having ongoing radiating right upper extremity symptoms. There had been an overall 50% improvement since surgery. She was having ongoing decreased cervical spine range of motion and pain. She was taking tramadol as needed. She was working with restrictions. Physical examination findings included posterior cervical and upper trapezius muscle tenderness with decreased and painful range of motion. Recommendations included physical therapy. On 05/28/14 her condition had not improved. She had completed a course of prednisone. She was now out of work. She was having radiating symptoms into the right upper extremity. Pain was rated at 6/10. Previous physical therapy and acupuncture treatments had not helped. Physical examination findings included cervical spine and right trapezius muscle tenderness with spasm and trigger points. There was decreased and painful cervical spine range of motion. Authorization for additional testing was requested. Medications were refilled. The claimant was seen on 06/13/14. She was having cervical spine pain radiating into the shoulders and upper extremities. Pain was rated at 8-9/10. Physical examination findings included cervical and right trapezius and rhomboid muscle tenderness with decreased and painful cervical spine range of motion. There was positive right Spurling's testing. She had decreased and painful shoulder range of motion and impingement testing was positive. She had decreased right upper extremity sensation. The assessment references diagnoses including multiple trigger points. Trigger point injections were performed. On 06/27/14 she was having ongoing cervical spine pain radiating into the upper extremities. Physical examination findings included cervical

paraspinal tenderness with decreased and painful range of motion. There was positive right Spurling's testing and decreased right upper extremity sensation. Authorization for a cervical epidural steroid injection was requested. On 08/05/14 she underwent a right C5-6 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream containing: Lidocaine HCL 15; Baclofen 6; Cyclobenzaprine HCL 6; Mediderm 149.700; Sodium Metabisulfite 0.300; Ethoxy Diglycol 45; Gabapentin 18; Flurbiprofen 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain (2) Topical Analgesics Page(s): (s) 60, 111-113.

Decision rationale: This request is for a compounded topical medication with components including baclofen, cyclobenzaprine, gabapentin, and Flurbiprofen. In terms of these medications, Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.