MAXIMUS Federal Services

Case Number:	CM14-0173935		
Date Assigned:	10/27/2014	Date of Injury:	12/19/2003
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational Medicine and is licensed to practice in New York. 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 54 year old woman with a date of injury on 12/9/2003 and is diagnosed with neck pain (cervical degenerative disc disease, 722.4) and pain in joint (719.48). She has had a C5-6 discectomy and fusion, which was beneficial for her for 2-3 years. She has had medial branch rhizotomies bilaterally at C2, C3 and C4. She still has right-sided neck pain and restricted neck range of motion. She is requested reversal of the denial of a compound pain cream, 360 milligrams, containing Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%, Ketamine 10%. The medical records were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound pain cream: Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%, Ketamine 10%, 360mg with 1 refill: 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): 111-113.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. A topical NSAID, Voltaren 1% gel, is approved, not Flurbiprofen. Lidoderm is the approved form of Lidocaine for topical use. Gabapentin is not recommended. Ketamine is still under study but is recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In regards to Cyclobenzaprine - "There is no evidence for use of any other muscle relaxant as a topical product." [Baclofen was discussed and not recommended.] The MTUS is silent on Prilocaine. This compound is not recommended because of several components not being approved through MTUS. So, as per guidelines, the compounded product cannot be approved, and is not found to be medically necessary.