

Case Number:	CM14-0185220		
Date Assigned:	11/13/2014	Date of Injury:	07/23/2002
Decision Date:	12/19/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 23, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioids agents; and topical compounds; and unspecified amounts of acupuncture. In a Utilization Review Report dated October 29, 2014, the claims administrator retrospectively denied baclofen-Gabapentin-diclofenac-bupivacaine-cyclobenzaprine topical compounds. The claims administrator stated that the item in question was dispensed on February 10, 2014. The applicant's attorney subsequently appealed. In a February 3, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was using one to three tablets of Tramadol daily. Tramadol was refilled. The attending provider appealed previously denied electrodiagnostic testing of lower extremities. A trial of a diclofenac-baclofen-bupivacaine-cyclobenzaprine-Gabapentin compound was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Baclofen/ Gabapentin/ Diclofenac/ Bupivacaine/ Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 130 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the primary ingredient in the compound, is "not recommended" for topical compound formulation purposes. Similarly, gabapentin, the secondary ingredient in the compound, is likewise deemed "not recommended" for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended. The entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of tramadol, a first line oral pharmaceutical medication, effectively obviated the need for the largely experimental topical compound at issue. Therefore, the request Is not medically necessary.