

Case Number:	CM14-0022497		
Date Assigned:	05/12/2014	Date of Injury:	01/12/2012
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal 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 injured worker is a 64 year old female with an injury reported on 01/12/2012. The mechanism of injury was noted as a fall. The clinical note dated 11/06/2013 reported that the injured worker complained of severe low back pain that radiates to her buttocks and down the posterior thighs and calves bilaterally. The physical examination revealed the injured worker's lumbar range of motion was restricted and painful in all planes. The injured worker's diagnoses included status post anterior cervical discectomy and fusion C4-C7; status post right shoulder arthroscopy; multilevel thoracolumbar spondylosis. The provider requested compound cream, rationale was not provided. The request for authorization was submitted on 02/20/2014. The injured worker's prior treatments included x-rays, physical therapy, lumbar epidural injection, and lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM: GABAPENTIN 6%, LIDOCAINE 2%, FLURBIPROFEN 10%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, HYALURONIC ACID 0.2%, VERSATILE BASE CREAM 162.72GM: 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: The CA MTUS guidelines state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines state there is no peer-reviewed literature to support the use of topical baclofen. Moreover, cyclobenzaprine is a muscle relaxant and the guidelines state there is no evidence for use of any other muscle relaxant as a topical product. In addition, gabapentin is not recommended. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.