

Case Number:	CM14-0026202		
Date Assigned:	06/13/2014	Date of Injury:	05/22/2013
Decision Date:	09/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 Colorado. 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 33 year old male with date of injury on 5/22/13 who developed right upper trapezius pain secondary to lifting and working with his backpack tools as a landscaper. The diagnosis is myofascial pain of the trapezius and supraspinatus and right paracervical muscles. The request is for topical compounded baclofen 2%, bupivacaine 1%, cyclobenzaprine, 2%, gabapentin 6%, orphenadrine 5%, pentoxifylline 3%, diclofenac 3%, ibuprofen 3%, 240 g with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TOPICAL COMPOUNDED BACLOFEN 2%, BUPIVACAINE 1%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, ORPHENADRINE 5%, PENTOXIFYLINE 3%, DICLOFENAC 3%, IBURPORFEN 3% 240G WITH 4 REFILLS: 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.

Decision rationale: The request for 1 prescription of topical compounded Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, Gabapentin 6%, Rrphenadrine 5%, Pentoxifyline 3%, Diclofenac 3%, Iburporfen 3% 240g with 4 refills is not medically necessary. The medical treatment guidelines do not support the use of the multi-component topical medications. Per the Chronic Pain Medical Treatment Guidelines, Any compound medication that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that baclofen, and gabapentin are not recommended. Therefore based on the guidelines the request is not certified.