

Case Number:	CM14-0028139		
Date Assigned:	06/23/2014	Date of Injury:	03/30/2010
Decision Date:	07/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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:

Patient is a 37 year-old male with date of injury 03/30/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/29/2014, lists subjective complaints as severe low back pain to the left of the midline that radiates to the bilateral buttocks and lateral thighs and at times to the ankles. Objective findings: Examination of the lumbar spine revealed moderately restricted range of motion with pain in all planes. Tenderness to palpation was noted over the midline of the lumbosacral spine. Gait was slow. Diagnosis: 1. Cervical strain 2. Lumbar strain 3. Degenerative disc disease L5-S1 with central disc protrusion and annular tear 4. Probable discogenic pain T11-12 5. Rule out left carpal tunnel syndrome.

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 2%, 12gm with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 8th edition on topical analgesics & non steroidal anti-inflammatory agent (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: The requested compounded medication contains cyclobenzaprine, a muscle relaxant. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Therefore, the request for Compound cream: Gabapentin 6%, Lidocaine 2%, Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Hyaluronic acid 2%, 12gm with 1 refill is not medically necessary and appropriate.