

Case Number:	CM14-0033280		
Date Assigned:	06/20/2014	Date of Injury:	04/10/2008
Decision Date:	12/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 4/10/08 date of injury. At the time (2/11/14) of request for authorization for Dicofena /Baclofen /Cyclobenz /Tetracain/Base C Day supply: 30, quantity: 240 with one refill, there is documentation of subjective (neck and shoulder pain) and objective (tenderness over cervical as well as right shoulder and positive Tinel's sign) findings, current diagnoses (bilateral shoulder pain, cervical radiculopathy, and right ulnar neuritis), and treatment to date (medications (including ongoing treatment with Norco, Ambien, Tizanidine, and Dicofena /Baclofen /Cyclobenz /Tetracain compound cream)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Dicofena/Baclofen/Cyclobenz/Tetracain/Base C Day supply: 30 , quantity: 240 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended.. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder pain, cervical radiculopathy, and right ulnar neuritis. However, the requested Dicofena/Baclofen/Cyclobenz/Tetracain/Base C contains at least one drug (Baclofen) and one drug class (Cyclobenzaprine (muscle relaxants)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Dicofena/Baclofen/Cyclobenz/Tetracain/Base C Day supply: 30, quantity: 240 with one refill is not medically necessary.