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| Case Number: | CM14-0050634 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/28/2008 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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 Texas. 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 62-year-old female who is being treated for Lumbago, due to a work related injury on 08/28/2008. She complains of pain in her lower back that goes down her buttocks and groins. In addition, she has pain in her knees and feet associated with numbness. Her physical examination is unremarkable except for some limitation in range of motion, decreased sensations in her calves. Lumbar MRI of 12/03/ 2008, and 8/ 03/27/2013 showed Multi level diffuse Lumbar spondylosis, disc bulges, especially at L2-L3, severe facet arthropathy, both of which cause neural foraminal and canal stenosis. She has been diagnosed with chronic low back pain, degenerative disc disease, lumbar spondylosis, depression, left trochanteric bursitis. Treatment include, Ultracet, Flexeril, Duexis, and physical therapy. Her doctor has requested pharmacy purchase of compound cream, Gabapentin 6% Lidocaine 2% Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Hyaluronic Acid 0.2% 120 gm Refill, but this has been denied by the Claims Administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

pharmacy purchase of compound cream, Gabapentin 6% Lidocain 2% Flublprofen 10%, Baclofen 2%, Cyciobenzaprine 2%, Hyaluronic Acid 0.2% 120 gm 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.

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

Decision rationale: The MTUS recognizes the topical analgesics as experimental drugs recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Also, the Guidelines recommend that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since Baclofen and Gabapentin are not recommended, the entire compounded product is not recommended. Therefore, the request for pharmacy purchase of compound cream, Gabapentin 6% Lidocain 2% Flublofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Hyaluronic Acid 0.2% 120 gm refill is not medically necessary and appropriate.