

Case Number:	CM14-0080633		
Date Assigned:	07/18/2014	Date of Injury:	11/19/2009
Decision Date:	09/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Orthopedic Surgery 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:

This is a 49-year-old who sustained a vocational injury while working as a customer service representative on November 19, 2009. The claimant developed right hand pain and numbness that she attributed to repetitive tasks in her usual and customary duties. The medical records document the claimant's diagnoses to include flexor carpi radialis, tendinitis of the bilateral wrists and minimal residual of bilateral carpal tunnel syndromes. This review is for topical analgesic cream of Baclofen, Cyclobenzaprine, Ketoprofen, Ketamine and lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen / Cyclobenzaprine / Ketoprofen / Ketamine / Lidocaine (duration unknown and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Baclofen is not recommended as medically necessary as there no peer-reviewed literature to support the use of topical baclofen. The Chronic Pain Guidelines also recommend Lidocaine in the setting of

neuropathic pain. There is no documentation to support that the claimant has a diagnosis of neuropathic pain. According to the Chronic Pain Guidelines, any topical agent that has a compound that is not considered medically necessary, the topical compound as a whole cannot be considered medically necessary. Therefore, the request for Baclofen / Cyclobenzaprine / Ketoprofen / Ketamine / Lidocaine (duration unknown and frequency unknown) is not medically necessary or appropriate.