MAXIMUS Federal Services

Case Number:	CM14-0084793		
Date Assigned:	07/21/2014	Date of Injury:	10/23/2006
Decision Date:	09/12/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family 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:

The patient is a 53 year-old woman who was injured at work on 10/23/2006. The injuries were primarily to her neck, shoulders and back. She is requesting review of denial for the following topical analgesic cream containing: Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin, Lidocaine, Ethoxyl liquid, and Lipopen cream. Medical records corroborate ongoing care for her injuries. The Primary Treating Physician's Progress Reports (PR-2s) are included and indicate that her chronic diagnoses are Lumbar and Cervical Discogenic Disease, and Radiculitis. She has been treated with opioids, muscle relaxants, and antiepileptic drugs for her pain. Given her problems with chronic pain, her provider submitted a request for the topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Flurbiprofen Compound (Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine/Ethoxyl Liquid/Lipopen Cream):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Topical NSAIDS.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. These drugs are considered "largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed."While the patient has been prescribed Cymbalta and Topamax, there is no evidence from a review of the available medical records that the patient has been given an adequate trial of antidepressants and anticonvulsants. These guidelines also state the following:"Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."The requested compounded medication contains Baclofen and Gabapentin. The guidelines specifically state the following regarding Baclofen:"Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen."Regarding the use of Gabapentin, the guidelines state:"Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as atopical product."Regarding the inclusion of the muscle relaxant Cyclobenzaprine, the guidelines state, "There is no evidence for use of any other muscle relaxant as a topical product."In summary, the requested compounded topical analgesic contains three products which are not recommended by the MTUS Guidelines. Given these findings the requested compounded topical analgesic is not considered as medically necessary.