

Case Number:	CM14-0191559		
Date Assigned:	11/26/2014	Date of Injury:	03/26/1997
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and arm pain reportedly associated with an industrial injury of March 20, 1997. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve request for several topical compounded medications. The claims administrator stated that its decision was based on an October 10, 2014 progress note. On October 10, 2014, the applicant reported persistent complaints of neck pain status post earlier cervical fusion surgery some 16 years prior. 8/10 pain was appreciated without medications versus 0/10 pain with medications. The applicant alleged some previous issues associated with nausea while using Morphine. The applicant did have comorbidities including COPD, asthma, benign pancreatic tumor, migraines headaches, anxiety, and depression. The applicant's medication list included Depakote, Norco, Desyrel, Trileptal, Restasis eyedrops, Flonase, Zestril, Oxybutynin, oral Voltaren, BuSpar, Neurontin, Albuterol, and several topical compounded drugs. The applicant had reportedly quit smoking in 1985, it was suggested. Topical compounded drugs at issue were refilled. The applicant was described as having retired at age 71.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream (Baclofen 2%, Bupivacaine 1%, Gabapentin 6%): Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Similarly, gabapentin, the tertiary ingredient in the compound, is likewise not recommended, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first line oral analgesic and adjuvant medications, including Norco, Desyrel, Neurontin, Wellbutrin, etc., effectively obviated the need for the topical compounded drug at issue. Therefore, the request for Topical cream (Baclofen 2%, Bupivacaine 1%, Gabapentin 6%) is not medically necessary.

Compound cream (Cyclobenzaprine 2%, Diclofenac 5%): Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral analgesic and adjuvant medications, including Norco, Voltaren, Desyrel, Neurontin, etc., effectively obviated the need for the topical compounded agent at issue. Therefore, the request for Compound cream (Cyclobenzaprine 2%, Diclofenac 5%) is not medically necessary.