

Case Number:	CM14-0197311		
Date Assigned:	12/05/2014	Date of Injury:	12/16/2013
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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:

Patient with reported date of injury on 12/16/2013. No mechanism of injury was documented. Patient has a diagnosis of pain in wrist, carpal tunnel syndrome, left shoulder pain, shoulder syndrome and neuralgia. Patient is post left wrist surgery for carpal tunnel syndrome on 7/16/14. Medical reports reviewed. Last report available until 9/22/14. Patient complains of shocking pain to both hands, Left side worst. Pain goes up arms to shoulder and neck. Also has pain and numbness to entire left side of body. Also has left shoulder pains. Pain is 6/10. Objective exam reveals left shoulder higher than right side with restricted movement and pain and spasms. There is no rationale or justification noted for using a topical cream except that patient could not tolerate oral medications. CT of cervical spine (2/3/14) revealed multilevel degenerative changes, mostly to C5-6 with posterior osteophyte ridge causing some right neural foraminal narrowing. No medication list was provided or documented anywhere. Only Ibuprofen was noted. Independent Medical Review is for Baclofen/Bupivacaine/Cyclobenzaprine/Orphenadrine #120g. Prior UR on 10/30/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen/Bupivacaine/Cyclobenzaprine/Orphenadrine day supply: 15 Qty: 120g: 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 per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1. Baclofen is not FDA approved for topical applications. There is no evidence to support its use topically. Use of a non-FDA approved product for unknown purpose is not recommended. 2. Bupivacaine: Only topical Lidocaine is approved for neuropathic pain. Bupivacaine is only approved for injection for local or regional anesthesia. Use of a non-FDA approved product for unknown purpose is not recommended. 3. Cyclobenzaprine: is an oral muscle relaxant. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate. 4. Orphenadrine: Is often used as a muscle relaxant and anti-histamine and anti-cholinergic effects. It is not FDA approved for topical application. There is significant risk of systemic absorption and improper monitoring. Not recommended. This compounded product does not have a single recommended component within it. It has multiple non-FDA approved applications of existing medications with no evidence to back up such uses. This compounded product lacks data to back efficacy, safety and has a high risk of side effects. It is medically inappropriate and is not medically necessary.