

Case Number:	CM14-0201055		
Date Assigned:	12/11/2014	Date of Injury:	04/19/2001
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old man who sustained a work-related injury on April 19, 2001. Subsequently, the patient developed chronic neck pain. According to a progress report dated November 23, 2014, the patient complained of neck pain that he rated its level of severity at a 5/10. Examination of the neck revealed no tenderness over the cervical midline. The muscle tone of the trapezius was increased. There was tenderness reported with palpation. There was painful decreased range of motion. Spurling's maneuver elicited no radicular symptoms. The patient was diagnosed with degeneration of cervical intervertebral disc and cervicalgia. The provider requested authorization for Compound cream: Dermatran, Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSC 4%, Gabapentin 5%, Orphenadrine 5%, Pentoxifylline 3%, Ketamine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Dermatran, Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSC 4%, Gabapentin 5%, Orphenadrine 5%, Pentoxifylline 3%, Ketamine 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.

Decision rationale: The requested topical cream is formed by the combination of Dermatran, Baclofen, Bupivacaine, Cyclobenzaprine, DMSO, Gabapentin, Orphenadrine, Pentoxifylline, and Ketamine. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Dermatran, Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSO 4%, Gabapentin 5%, Orphenadrine 5%, Pentoxifylline 3%, and Ketamine 5% is not medically necessary.