

Case Number:	CM14-0203840		
Date Assigned:	12/16/2014	Date of Injury:	04/15/2008
Decision Date:	02/10/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab, has a subspecialty in ENTER SUBSPECIALTY 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 50 year old male who suffered an industrial related injury on 4/15/08. The treating physician's report dated 5/14/14 noted the injured worker had complaints of neck, lumbar, and knee pain. The injured worker was taking Lyrica, Voltaren gel, Norco, Kadian, Oxycodone, and Topamax. The diagnoses included cervical radiculopathy and cervical spinal stenosis. A physician's report dated 11/10/14 noted the injured worker continued to have neck, low back, and knee complaints. The injured worker was not working. The physical examination revealed no focal neurological changes. The physician noted the injured worker had a recent lumbar epidural steroid injection; however the injured worker was still complaining of constant lumbar pain. Cervical range of motion was limited and tenderness was noted to palpation on the right paracervical and upper trapezium musculature. Range of motion in the lumbar spine was limited and tenderness to palpation was noted of the lumbar axial spine. Motor strength of upper and lower extremities was intact and range of motion to the bilateral upper extremities was painful at full extension. On 11/17/14 the utilization review (UR) physician denied the request for compound medication: Flurbiprofen/Carbitol/ Lidocaine/Baclofen/ Cyclobenzaprine/Mediderm/Gabapentin. The UR physician noted the request was non-certified due to all the medications in the compound not being recommended by the Medical Treatment Utilization Schedule guidelines. There was no indication of the injured worker's inability to take oral medications or side effects to oral nonsteroidal anti-inflammatory drugs, cyclobenzaprine, Tramadol, Gabapentin or Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication: Flurbiprofen/Carbitol/
Lidocaine/Baclofen/Cyclobenzaprine/Mediderm/ Gabapentin: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the neck, low back and bilateral knee. The current request is for Compound Medication: Flurbiprofen/Carbitol/ Lidocaine/ Baclofen/Cyclobenzaprine/Mediderm/ Gabapentin. Regarding compound topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case the MTUS guidelines page 113 indicate Baclofen is not recommended. MTUS goes on to state, "There is no peer-reviewed literature to support the use of topical baclofen." In this case, Baclofen is not recommended, therefore the entire compound medication is not recommended. The request is not medically necessary.