

Case Number:	CM14-0208954		
Date Assigned:	12/22/2014	Date of Injury:	10/24/2012
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 64 year old male with an injury date on 10/24/2012. Based on the 06/04/2014 progress report provided by the treating physician, the diagnosis is:1. Degenerative changes of the left ankle - secondary to traumaAccording to this report, the patient "present for left foot injection, pain level 2/10." The patient indicates that the pain is chronic, moderate, and continues. Pain is present "mostly when walking." Physical exam reveals "joint WNL." The treatment plan is to perform the cortisone injection to the left ankle. The patient's work status was not mentioned. The 05/28/2014 report indicates patient's pain is a 4/10 and the patient is "set up for injection in 1 week."There were no other significant findings noted on this report. The utilization review denied the request for BCDL (Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 15%, Lidocaine 5%) Cream on 11/11/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/09/2014 to 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BCDL(Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 15%, Lidocaine 5%) Cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to the 06/04/2014 report, this patient presents with left foot pain that is a 2/10. The current request is for BCDL (Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 15%, Lidocaine 5%) Cream. Regarding Topical Analgesics, MTUS page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Regarding Cyclobenzaprine topical, MTUS also states, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine and Lidocaine cream are not recommended for topical formulation. The current request is not medically necessary.