

Case Number:	CM15-0000584		
Date Assigned:	01/12/2015	Date of Injury:	02/07/2008
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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 & Rehabilitation

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 injured worker is a 60 year old male with a date of injury as 02/07/2008. The cause of the injury occurred when the worker stepped backwards and fell through a hole injuring his neck, low back, and right lower extremity. The current diagnoses include post laminectomy syndrome, lumbar region. Previous treatments include multiple medications and cervical and lumbar fusions. Primary treating physician's reports dated 06/17/2014 through 11/18/2014 and urine drug screening dated 10/30/2014 were included in the documentation submitted for review. Report dated 11/18/2014 documented that the injured worker presented with complaints that included neck and back pain. Physical examination revealed an antalgic gait, no other abnormalities were noted. Pain level was reported as 7 out of 10 and pain was described as aching. Current medication regimen consisted of Colace, Flexeril 10 mg and Flexeril 5 mg, nortriptyline, and Suboxone. None of the documentation submitted included a rationale for why Pinnacle compound cream was being requested. The utilization review performed on 12/17/2014 non-certified a prescription for Pinnacle compound cream based on guidelines not supporting the use of this medication. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pinnacle Compound Cream: 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: This patient presents with chronic neck, low back, and right lower extremity pain. The current request is for pinnacle compound cream. The utilization review states that this is a request for a compound cream containing baclofen, cyclobenzaprine, and gabapentin. The MTUS Guidelines page 111 of chronic pain section states the following regarding topical analgesics, largely experimental and use with few randomized controlled trials to determine efficacy or safety. The MTUS further states, 'Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.' The medical file provided for review includes progress reports from 06/17/2014 through 11/18/2014, which provide no discussion regarding the requested compound cream. In this case, cyclobenzaprine and gabapentin are not recommended in any topical formulation. Therefore, the entire compound cream is rendered invalid. The requested compound cream is not medically necessary.