

Case Number:	CM15-0004363		
Date Assigned:	01/15/2015	Date of Injury:	11/02/2005
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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: Emergency Medicine

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 52 year old male, who sustained an industrial injury to left knee and low back on 11/2/2005. He has reported back and knee pain. The diagnoses have included knee pain and lumbalgia. Treatment to date has included medications, diagnostics and surgical intervention. Currently, as per the primary treating physician's progress report dated 12/1/14, the IW complains of back pain, low back pain, bilateral knee pain and lumbar complaints. He experiences back stiffness numbness in right and left arm, weakness in right and left leg with pain and hip pain. The back pain is described as aching, burning, constant throbbing with spasms. The pain is rated a 2/10. He also complains of chronic knee pain. The pain is described as aching, burning, shooting, tender, throbbing, and nagging with pressure. The pain in the right and left knee is rated 3-4/10. He states that bending, walking and exercise worsen the condition and lying down and rest improves the condition. The physical exam reveals positive straight leg raise testing on right and left side with pain radiating to buttocks. There was tenderness over hardware and increased swelling and edema of knees. The IW has continued to work with benefit of medication. On 12/8/14 Utilization Review non-certified a request for Diclofenac 3% Baclofen 2% Cyclobenzaprine 2% Gabapentin 6% Tetracaine 2% DBCGT Topical Compounded Cream, noting the cream contained medications specifically not recommended or supported by the (MTUS) Medical Treatment Utilization Schedule and the dosage is much higher than the Food And Drug Administration approved formulation. The (MTUS) Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3% Baclofen 2% Cyclobenzaprine 2% Gabapentin 6% Tetracaine 2% DBCGT Topical Compounded 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Baclofen: Baclofen is a muscle relaxant. It is FDA approved for oral use only. There is no supporting evidence to support safety or efficacy in topical use. As per MTUS guideline, it is experimental and is not recommended. 2) Diclofenac: Not Recommended. A topical NSAID that may be used short term for musculoskeletal pain. It may be beneficial for short term use. 3) Cyclobenzaprine: This is a muscle relaxant. It is FDA approved for oral use only. There is no supporting evidence to support safety or efficacy in topical use. MTUS guidelines states this not recommended. 4) Gabapentin: This is an antiepileptic. It is FDA approved for oral use only. There is no supporting evidence to support safety or efficacy in topical use. MTUS guidelines states that this is not recommended. 5) Tetracaine: This is a topical anesthetic. There is no information available for this product. This product has multiple non-FDA approved, non-recommended substances. There is no justification by the provider as to why a compounded cream containing multiple non-FDA approved applications of products with poor to no evidence to support its safety or efficacy should be approved. This compounded product is not medically necessary and not medically appropriate.