

Case Number:	CM15-0004398		
Date Assigned:	01/15/2015	Date of Injury:	02/25/2009
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on February 25, 2009. He has reported increased low back and right shoulder pain. The diagnoses have included chronic lumbosacral musculoligamentous strain with intermittent left S1 radiculitis and mild right shoulder impingement. Treatment to date has included lumbar support, physical therapy, chiropractic treatments, and oral and topical medications. The injured worker complains on November 12, 2009, were noted to include low back pain, present most of the time, with radiating pain to the leg, and right shoulder pain. An Agreed Medical Examination dated November 12, 2009, noted the physical examination at that time showed pain while assessing the lumbar range of motion during the end range with an impairment of five per cent. Lumbar spine x-rays taken on that date were noted to show mild to moderate disc space narrowing at L5-S1, and mild levoscoliosis. On December 26, 2014, Utilization Review non-certified a retrospective request for C-Keto/Lido/Baclo cream for date of service August 18, 2009, noting the ingredients for this topical/transdermal compound contained Baclofen, which is not supported for topical use by MTUS guidelines, and if one of the ingredients is not supported, the entire compound is not supported, with no rationale for use of the medication outside of guidelines noted by the medical report. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 8, 2015, the injured worker submitted an application for IMR for review of a retrospective request for C-Keto/Lido/Baclo cream for date of service August 18, 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro C-Keto/Lido/Baclo cream, DOS: 8/18/09: 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 / Baclofen Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Since the compound prescribed to the claimant contains Baclofen, the compound is not medically necessary.