

Case Number:	CM15-0006014		
Date Assigned:	01/20/2015	Date of Injury:	01/14/2013
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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 56-year-old female who reported an injury on 01/14/2013. The mechanism of injury was the injured worker was attempting to open a lever. Prior therapies included physical therapy. The injured worker's diagnostic studies included multiple MRIs and x-rays on multiple parts of her upper body. The medications were noted to include transdermal analgesic creams for pain. The documentation of 10/02/2014 revealed the injured worker had been experiencing pain for approximately a year. On average, the pain was 3/10 and at the office visit it was 2/10. The surgical history was stated to be none. The documentation indicated the cream was very beneficial. The injured worker had noted improvement of decreased pain, improvement in function, and was precluded from instituting opioid therapy due to the use of the medication. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin, ketoprofen, baclofen, cyclobenzaprine, bupivacaine, menthol in PCCA lipoderm base, 240gms, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin, Topical analgesics, Topical Lidocaine, Baclofen, Cyclobenzaprine, topical muscle
rel.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. There is no peer-reviewed literature to support the use of topical baclofen. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Ketoprofen is not currently FDA approved for a topical application. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. Additionally, multiple components in the requested compound are not recommended and as such, the topical cream is not recommended itself. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. While it was indicated the injured worker had noted improvement, decreased pain, improvement in function, and a preclusion from instituting opioid therapy, the objective functional benefit and an objective decrease in pain were not provided. The request as submitted failed to indicate the frequency for the requested medication, as well as the body part to be treated. Given the above, the request for Gabapentin, ketoprofen, baclofen, cyclobenzaprine, bupivacaine, menthol in PCCA lipoderm base, 240gms, quantity 1 is not medically necessary.