

Case Number:	CM15-0006651		
Date Assigned:	01/26/2015	Date of Injury:	07/26/2013
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
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: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 7/26/13. The injured worker has constant pain described as burning, stabbing and sharp in the tailbone and left foot associated with numbness, tingling and weakness in the left foot. Range of motion is decreased due to pain. The diagnoses have included pain in the coccyx; lumbago; sacroiliitis; foot joint and long-term use of other medications. Treatment to date has included physical therapy services, massage therapy, chiropractic treatment, medications, lumbar X-rays and Magnetic Resonance Imaging (MRI) of the left foot. According to the utilization review performed on 1/5/15, the requested Coccyneal Injection Under Fluoroscopic Guidance at [REDACTED] and Pharmacy Purchase of Compound Pain Cream: Dyna MD Dicolfenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5% and Fluticasone 1% (no quantity noted) has been non-certified. The CA MTUS Topical Analgesics; Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coccyneal Injection Under Fluoroscopic Guidance at [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation 1) Medical Disability Guidelines: Coccydynia Source: <http://www.mdguideline.com/coccydynia> 2) Howard PD, et al. A comparison of conservative interventions and their effectiveness for coccydynia: a systematic review. *Journal of Manual and Manipulative Therapy*. (2013) 21(4):213-219. Source: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3822321/>

Decision rationale: There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of coccygeal pain. According to recent evidence-based research, initial treatment should involve conservative measures of donut cushions, non-steroidal anti-inflammatory drugs (NSAIDs) and other oral analgesics after which a trial of any of the following may be appropriate: physical therapy, ultrasound/heat or osteopathic manipulation. Injection of anesthetics and/or steroid medications should be reserved for patients who do not improve with more conservative therapies. The crux of the decision for this patient is whether or not the patient has been given an adequate trial of non-invasive treatment before moving on to injection therapies. The patient has been given trials of physical therapy, medications and manipulation. According to the best evidence-based information available it would seem an adequate trial of non-invasive therapy has been given. Medical necessity for this procedure has been established.

Pharmacy Purchase of Compound Pain Cream: Dyna MD Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5% and Fluticasone 1% (no quantity noted): 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): 18-9, 41-2, 49, 56, 64, 72, 111-13.

Decision rationale:

Diclofenac/Gabapentin/Baclofen/Cyclobenzaprine/Bupivacaine/Lidocaine/Fluticasone Cream is a combination product formulated for topical use. It is made up of ketoprofen (a non-steroidal anti-inflammatory (NSAID) medication), gabapentin (an anticonvulsant), baclofen (a antispasticity agent), cyclobenzaprine (a muscle relaxant), bupivacaine and lidocaine (anesthetics), and fluticasone (a steroid anti-inflammatory medication). The use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain although it is considered largely experimental, as there is little to no research to support their use. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. Baclofen is indicated for oral use to treat muscle spasms caused by multiple sclerosis or spinal cord injuries but the MTUS does not recommend its use as a topical agent. The MTUS does not address the topical use of

cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. Topical bupivacaine is not specifically mentioned by the MTUS but it does note use of topical local anesthetics is effective for local pain relief. Topical lidocaine is recommended in the MTUS only for treatment of neuropathic pain. Fluticasone, as with other topical steroids, is a medication used to lessen skin inflammation; its use is not addressed by the MTUS. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since baclofen and gabapentin are not recommended for topical use, this product is not recommended. Medical necessity for use of this preparation has not been established.