

Case Number:	CM15-0008294		
Date Assigned:	01/23/2015	Date of Injury:	07/13/2001
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 39 year old female who sustained a work related injury on July 13, 2001, suffering back injuries. Diagnoses made were displacement of a lumbar disc without myelopathy, spondylosis of the lumbar spine, thoracic/lumbosacral radiculitis and sciatica. Treatments included multiple surgical interventions, Discectomy, lumbar fusion, pain medications, aquatic therapy, massage and physical therapy. Currently, on November 6, 2014, the injured worker complained of continued back, left hip and leg pain. On December 17, 2014, a request for a prescription of Baclofen 2%/Cyclobenzaprine 2%/Flurbiprofen 10%/Gabapentin 6% 90 grams times 2 refills was non-certified by Utilization Review, noting Chronic Pain MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2%/Cyclobenzaprine 2%/Flurbiprofen 10%/Gabapentin 6% - 90 gm x 2 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that topical Baclofen is not recommended. MTUS states regarding topical muscle relaxants, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical Cyclobenzaprine is not indicated for this usage, per MTUS. As such the request for Baclofen 2%/Cyclobenzaprine 2%/Flurbiprofen 10%/Gabapentin 6% - 90 gm x 2 refills is not medically necessary.