

Case Number:	CM15-0108898		
Date Assigned:	06/15/2015	Date of Injury:	04/01/2002
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old female, who sustained an industrial injury on 4/1/02. The diagnoses have included low back pain, lumbosacral degenerative disc disease (DDD), and lumbosacral degenerative joint disease (DJD), sciatica and compression fracture. Treatment to date has included medications, activity modifications, diagnostics, and home exercise program (HEP). Currently, as per the physician progress note dated 5/12/15, the injured worker complains of moderate low back pain with exacerbation. She reports that Tramadol and Acetaminophen help to reduce the pain. The physical exam reveals lumbar tenderness, lumbar spasm, trigger points, decreased lumbar range of motion by 50 percent and reduced knee jerk reflex. There is no previous diagnostic reports noted in the records and there is no previous therapy sessions noted. The physician requested treatment included Unknown Prescription of Topical Compound Cream to Include Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen, and Pentoxifylline with 3 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Topical Compound Cream to Include Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen, Pentoxifylline with 3 Refills: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment Guidelines, section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Baclofen, Diclofenac, Gabapentin or any other components. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the prescription of Topical Compound Cream to Include Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen, Pentoxifylline with 3 Refills is not medically necessary.