MAXIMUS Federal Services

Case Number:	CM15-0015732		
Date Assigned:	02/03/2015	Date of Injury:	08/13/2009
Decision Date:	04/13/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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 60 year old male, who sustained an industrial injury on August 13, 2009. He has reported lower back pain. The diagnoses have included status post neck fusion of cervical 5-6-7 in 2012, lumbago, and cervicalgia. Treatment to date has included an MRI, physical therapy, massage therapy, and pain, anti-epilepsy, muscle relaxant, and topical non-steroidal anti-inflammatory medications. On December 19, 2014, the treating physician noted neck, bilateral upper extremities, and right leg pain. Associated included bilateral shoulder weakness and spasms in the neck and back. The physical exam revealed cervical spine radicular pain that was reproducible with bilateral facet loading, positive left Spurling's test, axial loading worsened pain, and mildly limited neck range of motion due to pain. There was limited lumbar range of motion due to pain, and bilateral lower extremities numbness, tingling, and weakness. The lumbar spine pain was reproducible with axial loading. There were no changes in sensory function, and the motor exam and reflex testing of the lower extremities were normal. On January 8, 2015 Utilization Review non-certified a prescription for compound medication Diclofenac 5%/Gabapentin 6%/Baclofen 2%/Cyclobenzaprine 2%/ Bupivacaine 1%/ Lidocaine5%/Fluticasone 1% with 4 refills, noting the guidelines do not support multiple ingredients that are in the formulation for this compound medication. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication; Diclofenac 5%Gabapentin, 6%/Baclofen, 2%/Cyclobenzaprine, 2%/Bupivacaine, 1%/Lidocaine, 5%Fluticasonic 1% with 4 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 analgesic Page(s): 111-113.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting compound medication DICLOFENAC 5%, GABAPENTIN 6%, BACLOFEN 2%/ CYCLOBENZAPRINE 2%, BUPIVACAINE 10%, LIDOCAINE 5%, FLUTICASONE 1% WITH 4 REFILLS. The RFA dated 12/22/2014 shows a request for compound pain cream. The patient's date of injury is from 08/13/2009, and his current work status was not made available. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug or drug class- that is not recommended is not recommended."The records do not show any previous compound cream use. The 12/19/2014 report shows that the treater is requesting this compound cream to decrease use of both oral pain medications and oral opioids to decrease potential system side effects and to prevent oral opioid tolerance addiction and abuse. In this case, cyclobenzaprine is currently not supported in topical formulation according to the MTUS Guidelines. The request IS NOT medically necessary.