

Case Number:	CM15-0140760		
Date Assigned:	07/30/2015	Date of Injury:	08/11/2003
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 55 year old woman sustained an industrial injury on 8-11-2003. The mechanism of injury is not detailed. Diagnoses include pain in limb, pain in joint, depressive disorder and insomnia, and rheumatoid arthritis. Treatment has included oral and topical medications and use of walker. Physician notes on a PR-2 dated 5-28-2015 show complaints of pain I right hip, right knee, groin, left shoulder, and sleep problem due to pain. Recommendations include pain management, pain medicine, alternative treatment, orthopedic consultation, continue use of right knee brace, Percocet, MS Contin, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine/Lidocaine (compound cream) (DOS 11/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Cyclobenzaprine/Lidocaine (compound cream) the service November 12, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of Lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working diagnoses are pain in limb; pain in joint; depressive disorder NEC; and s/p THA right. The request for authorization is for the date service November 12, 2014. The earliest progress note in the medical record is dated January 6, 2015. All documentation/progress notes are dated after November 12, 2014. According to the January 6, 2015 progress note, the injured worker was not currently prescribed a topical compound. The injured worker was taking Percocet 5 mg and MS Contin 15 mg. Topical Cyclobenzaprine is not recommended for topical use. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Cyclobenzaprine and Lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, retrospective Cyclobenzaprine/Lidocaine (compound cream) is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Cyclobenzaprine/Lidocaine (compound cream) date of service November 12, 2014 is not medically necessary.