

Case Number:	CM15-0145312		
Date Assigned:	08/06/2015	Date of Injury:	08/02/2004
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 66 year old male who reported an industrial injury 8-2-2004. His diagnoses, and or impression, were noted to include: sacroiliac joint pain - deterioration; left full thickness rotator cuff tear; left shoulder pain; lumbar degenerative disc disease with spondylosis and without myelopathy. Recent x-rays of the right knee were done on 6-10-2015; no current electrodiagnostic or imaging studies were noted. His treatments were noted to include: agreed medical evaluations and re-evaluations (6-10-15); psychiatric evaluation and treatment; medication management; modified work duties. The progress notes of 6-10-2015 reported continued pain in the left shoulder, right hand, lumbosacral spine and bilateral knees that are aggravated by activities and alleviated by rest and medications. Objective findings were noted to include: tenderness over the left shoulder with an equivocal impingement test, and painful range-of-motion; tenderness to the right hand-wrist with painful and decreased range-of-motion; atrophy with of the left upper limb with decreased motor strength in the left shoulder; pain I the lower back and knees with squatting and heel and toe standing; tenderness in the low back area and over the bilateral para-spinal musculature, greater sciatic notches and posterior thighs; positive straight leg raise; painful and decreased lumbar range-of-motion; and well-healed surgical scars over the right knee, with generalized tenderness over the bilateral knees that were with painful and decreased range-of-motion. The physician's requests for treatments were noted to include the continuation of a Baclofen compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen/Cyclobenzaprine/Ketoprofen/Lidocaine/Hyaluronic acid cream

2%/2%/15%/5%/0.2%: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in August 2004 and continues to be treated for low back, bilateral knee, left shoulder, and right hand pain. When seen there was decreased shoulder range of motion with pain and positive impingement testing. There was decreased wrist range of motion with pain and hand tenderness. There was decreased left upper extremity strength. There was lumbar spine and greater sciatic notch and posterior thigh tenderness. There was decreased and painful lumbar spine range of motion. There was knee tenderness with decreased range of motion. Topical compounded cream is being requested. In terms of topical treatments, Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication is not medically necessary.