

Case Number:	CM15-0160355		
Date Assigned:	08/26/2015	Date of Injury:	10/09/2012
Decision Date:	09/29/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 55 year old female who sustained an industrial injury on 10-09-2012. Mechanism of injury occurred when she was lifting. Diagnoses include lumbosacral disc degeneration, chronic pain syndrome, and lumbar radiculitis. Treatment to date has included diagnostic studies, medications, use of heat and ice, physical therapy, daily stretching exercises, use of a Transcutaneous Electrical Nerve Stimulation unit, and injections. Her medications include Fentanyl and Percocet. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 04-09-2015 revealed multiple areas of broad based disc bulging that extends into the right and left neural foramen with osteophyte and effacing the thecal sac, and mild foraminal stenosis. A physician progress note dated 08-06-2015 documents the injured worker complains of ongoing neck pain. She rates her pain as 8 out of 10 with medications and 10 out of 10 without medications. On examination she has a normal gait. She has exquisite tenderness to the palpation at the right paraspinal muscle on the right with spasm. Sensation is diminished at the left leg especially over the L5 and S1 dermatomes. The sacroiliac joint is tender bilaterally. Straight leg raise is positive on the left for left leg pain down to the calf. She cannot take oral muscle relaxants and anti-inflammatory medications due to having 6 neck surgeries and thyroid cancer and it causes difficulty swallowing and she has heart burn and gastroesophageal reflux disease when she takes any anti-inflammatories. She also has pain and tingling in the groin, stabbing in the anterior thighs, posterior right thigh and tingling in her calves. The pain is better with medications and worse with prolonged sitting, standing walking, bending, lifting and lying down for long periods. She rates this pain as 10 out of 10 on the Visual Analog Scale without

medications and 8 out of 10 with medications. Treatment requested is for Compound: Diclofenac 8%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, DMSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% (DOS: 8.7.15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Diclofenac 8%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, DMSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% (DOS: 8.7.15): 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 Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound diclofenac 8%; baclofen 2%; cyclobenzaprine 2%; bupivacaine 1%; DMSO 4%; gabapentin 6%; Orphenadrine 5%; and pentoxiphylline 3% date service August 7, 2015 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 worker's working diagnoses are low back pain; chronic pain syndrome; degenerative disc disease lumbar; and lumbar radiculitis. The date of injury is October 9, 2012. Request authorization is August 17, 2015. Current medications include fentanyl and Percocet. The injured worker subjectively complains of back and leg pain. The injured worker tried a topical preparation from a family member that helped her symptoms. The requesting provider prescribed topical preparation. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Topical baclofen is not recommended. Topical gabapentin is not recommended. Topical Cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical gabapentin, cyclobenzaprine and baclofen) that is not recommended is not recommended. Consequently, compound diclofenac 8%; baclofen 2%; cyclobenzaprine 2%; bupivacaine 1%; DMSO 4%; gabapentin 6%; Orphenadrine 5%; and pentoxiphylline 3% date service August 7, 2015 is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, compound diclofenac 8%; baclofen 2%; bupivacaine 1%; DMSO 4%; gabapentin 6%; cyclobenzaprine 2%; Orphenadrine 5%; and pentoxiphylline 3% date service August 7, 2015 is not medically necessary.