

Case Number:	CM15-0199378		
Date Assigned:	10/14/2015	Date of Injury:	11/03/2014
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 39 year old male, who sustained an industrial injury on November 3, 2014. He reported headache associated with light sensitivity, decreased balance and diplopia. The injured worker was currently diagnosed as having headaches, cervical radiculopathy, cervical spine disc protrusion, thoracic spine strain and sprain, lumbar spine sprain and strain, lumbar disc protrusion, lumbar radiculopathy and bilateral shoulder strain and sprain. Treatment to date has included physical therapy with good benefit, home exercises, topical creams and medication. Notes dated March 4, 2015 indicated that topical creams and patches helped decrease his pain and the use of oral medications. These treatments were reported to allow him to walk, sit and sleep longer. On July 6, 2015, the injured worker complained of headaches rated 6 on a 1-10 pain scale. He also reported neck pain, constant bilateral shoulder pain, mid back pain and low back pain radiating to the lower extremities with numbness and tingling in the legs. Physical examination revealed tenderness along the cervical spine, along the trapezius muscles bilaterally and along the lumbar spine. Straight leg raise test was positive bilaterally. The treatment plan included an additional eight sessions of physical therapy, continuation of home exercises, Cyclobenzaprine Hydrochloride, Norco, Omeprazole, Naproxen Sodium and a follow-up visit. On September 8, 2015, utilization review denied a request for Ketoprofen 10% Gabapentin 5% Bupivacaine 5% Fluticasone 1% Baclofen 2% Cyclobenzaprine 2% Clonidine 0.2% Hyaluronic Acid 0.2% 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Gabapentin 5%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic Acid 0.2% 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Bryson, Evan, et al. "Skin Permeation and Antinociception of Compounded Topical Cyclobenzaprine Hydrochloride Formulations." *International Journal of Pharmaceutical Compounding* 19.2 (2015): 161.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the request does not meet CA MTUS guidelines and therefore the request is not medically necessary.