

Case Number:	CM15-0202838		
Date Assigned:	10/19/2015	Date of Injury:	01/20/2004
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency 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 47 year old male, who sustained an industrial injury on 1-20-04. The injured worker was diagnosed as having knee pain, muscle spasm, chronic pain, neuropathy, bilateral shoulder pain, back pain, leg weakness, and radiculopathy. Treatment to date has included physical therapy, a right shoulder steroid injection, L2-4 fusion on 6-6-13, and medication including Ibuprofen, Betamethasone-Lidocaine cream, Diclofenac-Tetracaine Cyclobenzaprine cream, Sonata, Carisoprodol, Ultram, Gabapentin, Hydrocodone Acetaminophen, and Topamax. Physical examination findings on 9-3-15 included T5-L5 pain with palpation, weakness in bilateral lower extremities, and decreased flexion, extension, and lateral movement of the back. Decreased sensation in the right L5 dermatomes, decreased flexion and extension in bilateral shoulders, and decreased right grip strength were also noted. On 8-11-15 pain was rated as 8 of 10 at worst and 5 of 10 at best. On 9-3-15, the injured worker complained of shoulder, knee, and back pain. The treating physician requested authorization for Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Tetracaine 2% 240g. On 9-15-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%/Baclofen 2%/Cyclobenzaprine 2%/Tetracaine 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 rationale: As per MTUS guidelines any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Diclofenac: Recommended for short term use. May be beneficial. Patient has been using this chronically with no objective documentation of improvement except for helping. Patient is also reportedly on an oral NSAID already leading to a risk of overdose and side effects, not recommended. 2) Baclofen: Baclofen is not FDA approved for topical application. There is no evidence to support topical application, not necessary. 3) Cyclobenzaprine: Cyclobenzaprine is not FDA approved for topical application. There is no evidence to support topical application. Not necessary. 4) Tetracaine: This is an anesthetic. Only topical lidocaine is approved for neuropathic pain. Tetracaine is not approved for musculoskeletal or neuropathic pain. Not medically necessary. The use of multiple non-recommended, non-evidence based, non-FDA approved medications with significant potentially side effects is not medically appropriate. There is unknown risk of systemic absorption of these substances since they have not been studied. There is no documentation as to why there has been no appropriate attempt at using oral equivalent of many of these medications which are recommended as 1st line treatment for neuropathic pain. Compounded cream is not medically necessary.