

Case Number:	CM15-0204812		
Date Assigned:	10/21/2015	Date of Injury:	04/10/2001
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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 67-year-old male, with a reported date of injury of 04-10-2001. The diagnoses include status post lumbar fusion at T10-L2 with rods and instrumentation causing chronic low back pain and lower extremity pain. The subjective findings (05-15-2015 and 06-05-2015) included the complaint of low back pain and bilateral low extremity pain. The objective findings (05-15-2015 and 06-05-2015) include spasm and stiffness in the thoracolumbosacral spine. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Alprazolam, Vicodin, LidoPro cream, and Lenza Patch. The treating physician requested topical compounded pain cream with Flurbiprofen 10%-Gabapentin 6%-Baclofen 2%-Bupivacaine 1%-Clonidine 0.2%, one tube, 240 grams. On 10-05-2015, Utilization Review (UR) non-certified the request for topical compounded pain cream with Flurbiprofen 10%-Gabapentin 6%-Baclofen 2%-Bupivacaine 1%-Clonidine 0.2%, one tube, 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of topical compounded cream with Fluribiprofen 10%, Gabapentin 6%, Baclofen 2%, Bupivacaine 1%, Clonidine 0.2%, 1 tube, 240 grams: 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: 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. According to CA MTUS guidelines the use of topical baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. According to CA MTUS guidelines the use of topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.