

Case Number:	CM15-0208194		
Date Assigned:	10/27/2015	Date of Injury:	11/01/2004
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, Tennessee

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 70 year old male, who sustained an industrial injury on 11-01-2004. He has reported injury to the right knee and low back. The diagnoses have included low back pain; moderate to severe multi-level degenerative disc disease of the lumbar spine; right knee osteoarthritis; and status post right total knee arthroplasty, on 10-20-2014. Treatment to date has included medications, diagnostics, epidural steroid injections, physical therapy, occupational therapy, and surgical intervention. Medications have included Tramadol, Voltaren Gel, OxyContin, Oxycodone, Meloxicam, and Ambien. A progress report from the treating provider, dated 09-15-2015, documented an evaluation with the injured worker. The injured worker reported low back pain; he continues to have intermittent episodes of, at times, severe pain and discomfort with radiation into the bilateral lower extremities; pain and discomfort with flexion and extension movements, as well as rotation; the severity of pain increases or decreases based on the activity level; and he continues to have discomfort in the right knee. Objective findings included he is in no acute distress; a mildly antalgic gait is observed; very mild loss of lumbar lordosis; mild deficit in strength in musculature secondary to guarding; some paraspinal tenderness is noted; there is decreased flexion and extension of the lumbar spine; and positive straight leg raise sign. The treatment plan has included the request for pharmacy purchase of Diclofenac-Baclofen-Cyclobenzaprine-Gabapentin-Tetracycline. The original utilization review, dated 09-24-2015, non-certified the request for pharmacy purchase of Diclofenac-Baclofen-Cyclobenzaprine-Gabapentin-Tetracycline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Diclofenac/ Baclofen/ Cyclobenzaprine/ Gabapentin/ Tetracycline:
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: This medication is a compounded topical analgesic containing diclofenac, baclofen, cyclobenzaprine gabapentin, and tetracycline. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diclofenac is a nonsteroidal anti-inflammatory drug. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Tetracycline is an antibiotic. used in the treatment of MRSA infections. In this case there is no documentation to support that the patient is suffering from an infection. Tetracycline is not recommended topically. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized. Therefore, the requested treatment is not medically necessary.