

Case Number:	CM15-0021586		
Date Assigned:	02/11/2015	Date of Injury:	07/09/2011
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 7/9/2011. The diagnoses have included ankle/foot enthesopathy, left tibia-fibula fracture with residual fracture site pain, pain induced depression and Achilles tendonitis. Treatment to date has included pain medication. According to the progress report dated 1/20/2015, the injured worker reported having 70% less pain with the use of Subsys spray, 200mcg, one dose three times a day to relieve his reflex sympathetic dystrophy, neuralgic burning, tingling pain, pins and needle sensation and sharp cutting sensation of severe pain which occurred over his lateral ankle and under his toes. It was noted that Norco relieved the aching pain. Review of systems revealed that his sleep had significantly increased to eight hours a night with one interruption due to pain. Physical exam revealed a wide based, antalgic gait. Movement was slow and balance was impaired due to pain. There was tenderness over the left ankle and foot. On 1/27/2015, Utilization Review (UR) non-certified a request for Topical Compound Baclofen 2%-Cyclobenzaprine 2%-Diclofenac 15%-Lidocaine 5% 2gm. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound; Baclofen 2%-Cyclobenzaprine 2%-Diclofenac 15%-Lidocaine 5% 2g
 #30: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants and spasmolytics such as Cyclobenzaprine and Baclofen are not recommended due to lack of evidence to support their use. Since the claimant was prescribed a compound containing the above, it is not medically necessary.