

Case Number:	CM15-0030946		
Date Assigned:	02/24/2015	Date of Injury:	11/14/2001
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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:

This 40 year old female sustained an industrial injury to the left knee on 11/14/01. Treatment included multiple left knee surgeries, left total knee replacement, physical therapy, medications, lumbar spine sympathetic blocks and stellate ganglion nerve blocks. The injured worker received ongoing home health care and ambulated with the use of a walker. In a PR-2 dated 6/4/14, the injured worker reported no change in pain symptoms. The physician noted that the injured worker had to depend on high dosages of opioid pain medications for pain control and functioning; however, the injured worker functioned poorly. The injured worker complained of pain to the left leg 7/10 on the visual analog scale described as aching, hot-burning, sharp, shooting, stabbing and throbbing. Pain was made worse by stairs, increased activity and walking and improved with medications and rest. The injured worker was status post failed intrathecal pump trial and failed spinal cord stimulator trial. Current diagnosis was complex regional pain syndrome left leg and status post left knee surgery. The treatment plan included including continuing medications (Celebrex, Clonazepam, Cymbalta, Docusate sodium, Doxepin, Fentanyl, Lasix, Keppra and Lyrica), trying a topical cream for pain relief and requesting authorization for a wheel chair seat evaluation for fitting into a van. On 1/21/15, Utilization Review noncertified a retrospective request for compound topical medication: Amantadine/Cyclobenzaprine/Baclofen / Diclofenac/Amitriptyline/Lidocaine DOS: 06/04/2014, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound topical medication: Amantadine/Cyclobenzaprine/Baclofen/Diclofenac/Amitriptyline/Lidocaine DOS: 06/04/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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 are not recommended due to lack of clinical evidence. Since the compound above contains Cyclobenzaprine, the topical compound in question above is not medically necessary.