

Case Number:	CM15-0030974		
Date Assigned:	02/24/2015	Date of Injury:	09/11/2003
Decision Date:	04/02/2015	UR Denial Date:	02/13/2015
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:

The injured worker is a 57 year old female who sustained a work related injury on September 11, 2003. She sustained multiple upper extremities, bilateral hands, neck and lower back. She was diagnosed lumbosacral spondylosis, thoracic, lumbar neuritis, radiculitis and lumbago. Treatments included medications, lumbar surgery, and physical therapy sessions. Currently, the injured worker complained of exacerbation of lumbar pain with radiation of numbness, pins and needles in the left leg. On February 28, 2015, a request for one prescription of Compound Topical BCF-G 120 grams; Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10%, Gabapentin 6%, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical BCF G 120 grms; Baclofen 2%, Cyclobenzaprine 2% Flurbiprofen 10%, Gabapentin 6%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

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. According to the guidelines, topical muscle relaxants and Baclofen are not recommended due to lack of evidence to support their use. Since the compound in question contains Baclofen and Cyclobenzaprine, the compound in question above is not medically necessary.