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| Case Number: | CM15-0033271 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 07/02/2007 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male sustained a work related injury on 07/02/2007. According to a progress report dated 01/09/2015, the injured worker was seen for follow up of pain in the right shoulder and low back. Pain was located in the shoulder, lumbar back and hip. There was occasional nerve pain in the left foot and both hands. Medications included Suboxone, Cymbalta, GABA, Baclofen and Trazodone. Problem list included opioid dependence continuous, lumbar post laminectomy syndrome, myofascial pain syndrome, shoulder and upper arm injury, therapeutic drug monitoring and long-term use of high-risk meds. According to the provider, the injured worker had developed dependence on opioids and wanted to wean and stop. Due to withdrawals, the attempt was unsuccessful. Current opioid maintenance therapy was working to relieve pain and increase activities of daily living. The provider felt it was medically necessary to institute a treatment plan including compounded medication. The goal was to decrease oral use of both oral pain medications and oral opioids to decrease potential systemic side effects and to prevent oral opioid tolerance, addiction and abuse. On 01/19/2015, Utilization Review non-certified Diclofenac 5%-Gabapentin 5%-Baclofen 2%-Cyclobenzaprine 2%-Bupivacaine 1%-Lidocaine 4%-Fluticasone 1% 240 grams Refills: 3. According to the Utilization Review physician, CA MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case Gabapentin, Baclofen and Cyclobenzaprine are not recommended as topical agents. Furthermore Lidocaine used topically is not support for use except for localized peripheral neuropathic pain and as a Lidoderm patch. Additionally Voltaren Gel (Diclofenac) is not

recommended as first line due to its increased risk profile. CA MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics and Official Disability Guidelines Pain Chapter and Compound Drugs were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 5%-Gabapentin 5%-Baclofen 2%-Cyclobenzaprine 2%-Bupivacaine 1%-Lidocaine 4%-Fluticasone 1%240GM Refills: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his shoulder, lower back and lower extremity. The request is for DICLOFENAC 5%, GABAPENTIN 5%, CYCLOBENZAPRINE 2%, BUPIVACAINE 1%, LIDOCAINE 4%, FLUTICASONE 1% 240gm. The patient is currently taking Suboxone, Cymbalta, GABA, Baclofen and Trazodone. Regarding work statue, the treater states that he is on disability. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Gabapentin, Baclofen or Cyclobenzaprine as topical cream. MTUS guidelines page 112 on topical lidocaine does not allow any other formulation of Lidocaine other than in patch form. Therefore, the request IS NOT medically necessary.