

Case Number:	CM15-0033865		
Date Assigned:	02/27/2015	Date of Injury:	05/21/2003
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
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:

The injured worker is a 55 year old male, who sustained an industrial injury on 5/21/2003. There was no documentation regarding the initial injury or prior treatment submitted for this review. The diagnoses have included ulcer left Achilles, Keratosis, and he is status post left reverse sural artery flap repair. Currently, the IW complains of pain in the foot, making it difficult to ambulate and requiring a wheelchair for ambulation of long distance, along with left knee pain associated with clicking. The physical examination 12/9/14 did not documented objective findings. The plan of care was for topical compound cream and scar reducing lotion. On 1/21/2015 Utilization Review non-certified a Topical Compound Cream (Gabapentin/Baclofen/bipivicaïne/cyclobenzaprine/orphenadrine/pentoxifylline) apply three times daily to four times daily #120 Grams. The MTUS Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Topical Compound Cream (Gabapentin/Baclofen/bipivicaïne/cyclobenzaprine/orphenadrine/pentoxifylline) apply three times daily to four times daily #120 Grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream (Gabapentin, Baclofen, Bupivicaïne, Cyclobenzaprine, Orphenadrine & Pentoxifylline), 120 grams: Upheld

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

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

Decision rationale: The patient presents with unrated left foot pain exacerbated by prolonged ambulation and unrated pain to the bilateral hands secondary to wheelchair use. The patient's date of injury is 05/23/03. Patient is status post left sural artery flap repair at a date unspecified. The request is for TOPICAL COMPOUND CREAM - GABAPENTIN, BACLOFEN, BUPIVICAINE, CYCLOBENZAPRINE, ORPHENADRINE, PENTOXIFYLLINE - 120 GRAMS. The RFA is dated 01/13/15. Progress note dated 06/13/14 is the only report provided, does not include any examination findings. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is permanently disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required."In regards to the request for a compounded cream containing Gabapentin, Baclofen, Bupivacaine, Cyclobenzaprine, Orphenadrine and Pentoxifylline, the requested cream contains ingredients, which are not supported by guidelines as topical agents. None of the ingredients in this topical compounded cream are supported by guidelines in this form. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Furthermore, the treater does not specify where this cream is to be applied. Therefore, the request IS NOT medically necessary.