

Case Number:	CM15-0035377		
Date Assigned:	03/03/2015	Date of Injury:	03/16/2010
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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 57-year-old female, who sustained an industrial injury on 3/16/2010. The diagnoses have included other and unspecified disc disorder, lumbar region. Treatment to date has included conservative measures. On 11/03/2014, the injured worker complained of constant low back pain, with radiation to the left leg, with numbness, tingling, and weakness. Pain was aggravated by repetitive movement, prolonged sitting, standing, walking, and stair climbing. Relief from unspecified medications was documented. Lumbar range of motion was decreased. Kemp's test caused pain and straight leg raise test caused pain on the left. On 2/02/2015, Utilization Review non-certified a retrospective request for purchase of Baclofen/Dexamethasone/Flurbiprofen/Panthenol/Mediderm compound cream and non-certified a retrospective request for Baclofen/Camphor/Capsaicin/Dexamethasone/Panthenol/Flurbiprofen/Menthol Crystals/Mediderm compound cream Flurbiprofen for date of service 11/03/2014, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of Baclofen/Dexamethasone/Flurbiprofen/Panthenol /Mediderm Compound Cream for Date of Service 11/3/14: Upheld

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

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

Decision rationale: According to the 11/03/2014 progress report, this patient presents with "constant dull, sharp, stabbing low back pain radiating to left leg with numbness, tingling and weakness." The current request is for Retrospective request for purchase of Baclofen/ Dexamethasone/ Flurbiprofen/Panthenol/Mediderm Compound Cream for Date of Service 11/3/14. The request for authorization is not included in the file for review. The patient's work status is to "remain off-work until 12/18/2014." Regarding topical compounds, MTUS states, "if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." In this case, MTUS does not support Baclofen as a topical product. The current request IS NOT medically necessary.

Retrospective request for Baclofen/Camphor/Capsaicin/Dexamethasone/Panthenol/ Flurbiprofen/Menthol Crystals/Mediderm Compound Cream for Date of Service 11/3/14: Upheld

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

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

Decision rationale: According to the 11/03/2014 progress report, this patient presents with "constant dull, sharp, stabbing low back pain radiating to left leg with numbness, tingling and weakness." The current request is for Retrospective request for Baclofen/ Camphor/ Capsaicin/Dexamethasone/ Panthenol/Flurbiprofen/ Menthol Crystals/Mediderm Compound Cream for Date of Service 11/3/14. The request for authorization is not included in the file for review. The patient's work status is to "remain off-work until 12/18/2014." Regarding topical compounds, MTUS states, "if one of the compounded products is not recommended then the entire compound is not recommended." MTUS further states "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. In this case, MTUS does not support Baclofen as a topical product. The current request IS NOT medically necessary.