

Case Number:	CM15-0041277		
Date Assigned:	03/11/2015	Date of Injury:	03/14/2002
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on March 14, 2012. He reported injury to his lower back. The injured worker was diagnosed as having chronic right S1 radiculitis status post decompression, chronic low back pain secondary to degenerative disk disease and chronic coccygodynia. Treatment to date has included diagnostic studies, surgery, physical therapy evaluation, behavioral medicine evaluation and medications. On October 28, 2014, the injured worker complained of constant pain of the tailbone described as burning ache. He rated the pain as a 10 on a 1-10 pain scale. He complained of numbness of the right lower extremity associated with achiness. His symptoms of tailbone and leg pain are aggravated with driving and sitting and are relieved with standing and walking. Treatment recommendations included x-rays of the coccyx, consultation to discuss possibility of spinal cord stimulation, impar ganglion block, work modifications and follow-up visit. An operative report indicated a ganglion impar block under fluoroscopic guidance on December 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream (Diclofenac 6%, Flurbiprofen 6%, Gabapentin 6%, Baclofen 2%):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical Salicylate Page(s): 111-113. 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for chronic coccyx pain and right lower extremity aching and numbness. Treatments have included a ganglion impar block and medications. This request is for a compounded topical medication with components including diclofenac, baclofen, gabapentin, and Flurbiprofen. In terms of these medications, Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Additionally, in this case, two topical anti-inflammatory medications are included in this product, which is duplicative. Therefore, this medication was not medically necessary.