

Case Number:	CM15-0041301		
Date Assigned:	03/11/2015	Date of Injury:	12/08/2009
Decision Date:	04/21/2015	UR Denial Date:	02/25/2015
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: California, Hawaii

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 48-year-old male, who sustained an industrial injury on December 8, 2009. The injured worker was diagnosed as having cervical stenosis, thoracic sprain, and contusion of wrist. Treatment to date has included electrodiagnostic studies and medications including muscle relaxant and non-steroidal anti-inflammatory. On December 3, 2014, the injured worker complains of unchanged neck pain and numbness in both hands. Her non-steroidal anti-inflammatory and muscle relaxant medications provide relief. The physical exam revealed tenderness of the bilateral paraspinal muscles, minimal tenderness of the cervical spine, paraspinal muscle spasm, trapezius tenderness, negative bilateral Spurling's test, limited neck range of motion, decreased motor strength in the bilateral arms due to poor effort, normal sensation bilaterally, and negative bilateral Tinel's and Phalen's tests. The treatment plan includes continuing her muscle relaxant and non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream diclofenac 3%, baclofen 2%, Bupivaccine1% DMSO 4% Gabapentin 6% ibuprofen 3% Pentoxifylline 3% 120gm: Upheld

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

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

Decision rationale: The patient presents with neck and arm pain and hand paresthesias. The current request is for topical compound cream diclofenac 3%, baclofen 2%, bupivaccine 1%, DMSO 4%, Gabapentin 6%, ibuprofen 3%. No clinical records were provided that documented the physician's rationale for prescribing this compound cream. MTUS guidelines are specific that topical NSIADS are for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Additionally, MTUS guidelines on topical analgesics state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the usage of Baclofen and specifically states "Not recommended." Additionally, no clinical records were provided that documented a peripheral joint arthritic condition that requires topical NSAIDS. Therefore, the current request is not medically necessary and the recommendation is for denial.