

Case Number:	CM15-0048089		
Date Assigned:	03/20/2015	Date of Injury:	01/29/2009
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 60-year-old female who sustained an industrial injury on 01/29/2009. She reported low back pain. The injured worker was diagnosed as having failed back syndrome, lumbar; radiculopathy, L/S; unspecified internal derangement of knee; fibromyalgia/myositis; and sprain and strain of sacroiliac. Treatment to date has included a lumbar multiple level fusion with treatments for continuing pain in the back and lower extremities. Currently, the injured worker complains of pain in the back and right knee. The treatment plan is to continue Percocet up to three times daily and request the topical compounded medication. A request for authorization is made for Pharmacy purchase of Compound consisting of Baclofen/Cyclobenzaprine/Flurbiprofen/Ethoxy LI/PCCA L #300 and Pharmacy purchase of Oxycodone/APAP tab 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound consisting of Baclofen/Cyclobenzaprine/Flurbiprofen/Ethoxy LI/PCCA L #300:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63-64, 111-112.

Decision rationale: This medication is a compounded topical analgesic containing Baclofen, Cyclobenzaprine, Flurbiprofen, and EthoxyLIP. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. It is not recommended as a topical agent. Cyclobenzaprine is a muscle relaxant. There is no evidence for use this other muscle relaxant as a topical product. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Ethoxydiglycol is a solvent agent. PCCA Lipoderm is a cream base. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. This request is not medically necessary.