

<b>Case Number:</b>	CM15-0048684		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 30-year-old male, who sustained an industrial injury on 02/27/2014. He reported a back injury secondary to a pallet of lumbar that fell on him. The injured worker was diagnosed as having thoracic pain, lumbar pain, lumbar surgical pain, and bilateral sacroiliac joint pain. Treatment to date has included chiropractic care, exercises, medication regimen, magnetic resonance imaging of the thoracic spine, use of heat, use of ice, physical therapy, and massage therapy. In a progress note dated 02/17/2015 the treating provider reports constant, throbbing, shooting, and aching pain with tightness to the back with a pain rating of a ten out of ten at its worse and an average of an eight out of ten. The treating physician requested a compound cream of Diclofenac/Gabapentin/Baclofen/Cyclobenzaprine /Bupivacaine/Lidocaine/Fluticasone compound cream noting that the injured worker's pain level went from a seven out of ten to a three out of ten after using a sample of the requested cream. A utilization review on 3/2/15 non-certified Diclofenac/abapentin/Baclofen/Cyclobenzaprine/Bupivacaine/Lidocaine/Fluticasone compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/abapentin/Baclofen/Cyclobenzaprine/Bupivacaine/Lidocaine/Fluticasone compound cream:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states that topical Baclofen is "Not recommended." As such, the request for Diclofenac/abapentin/Baclofen/ Cyclobenzaprine/Bupivacaine/Lidocaine/Fluticasone compound cream is not medically necessary.