

Case Number:	CM15-0084923		
Date Assigned:	05/07/2015	Date of Injury:	01/28/2013
Decision Date:	06/09/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 27 year old, male who sustained a work related injury on 1/28/13. The diagnoses have included cervicalgia, cervical radiculitis and long term use of medications. The treatments have included oral medications, physical therapy, massage therapy, left scapula area injections and chiropractic treatments. In the SOAP Note dated 3/10/15, the injured worker complains of constant, achy and tight pain in neck, left shoulder and left arm. He has associated weakness and stiffness. He rates his pain an average pain level of 4/10. At worst, his pain level is a 7/10. He states pain gets worse with straining and any movement with neck or left arm. He states pain gets better with stretching, medications, heat and the use of medical marijuana. He has limited range of motion in neck due to pain. He has radicular pain in left arm with neck movement. He has limited range of motion in left arm due to pain. He has numbness, tingling and weakness in left arm. The treatment plan includes a prescription for medicated cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Pain Cream - Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1% and Lidocaine 5%: 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 that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. MTUS states that topical Gabapentin is "Not recommended." And further clarifies, anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. MTUS states that topical Baclofen 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. ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." As such, the request for Compound Pain Cream - Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1% and Lidocaine 5% is not medically appropriate.