

Case Number:	CM15-0088140		
Date Assigned:	05/12/2015	Date of Injury:	08/18/2010
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 64 year old female with an August 18, 2010 date of injury. A progress note dated March 27, 2015 documents subjective findings (back pain; buttock pain; left hip pain; left wrist/hand pain; pain is rated at a level of 5-8/10; stress; insomnia), objective findings (pain to palpation of the lumbosacral paraspinal muscles; diminished range of motion to extension and lateral bending; facet loading on the left side positive to palpation; tenderness to palpation at the left base of thumb and palm region), and current diagnoses (facet arthritis of lumbar region; lumbago; lumbar spine strain; chronic pain of the left hand; likely lumbar facet arthropathy on the left side; paracentral disc herniation at T5-6 and moderate central disc herniation at T6-7; degenerative disc disease at T10-11; sacroiliitis; left sided lumbar radiculitis sciatica). Treatments to date have included medications, massage therapy (injured worker notes 90-100% pain relief lasting several weeks), acupuncture (90% relief lasting several weeks), exercise, and lumbar epidural steroid injection (good result). The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Diclofenac / Baclofen / Cyclobenzaprine / Gabapentin / Tetrac cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac / Baclofen / Cyclobenzaprine / Gabapentin / Tetrac quantity 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Diclofenac / Baclofen / Cyclobenzaprine / Gabapentin / Tetrac quantity 120gm is not medically necessary.