

Case Number:	CM15-0089672		
Date Assigned:	05/14/2015	Date of Injury:	10/04/2012
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on October 4, 2012 while working as a custodian. The mechanism of injury was heavy repetitive work. The injured worker has been treated for neck and upper extremity complaints. The diagnoses have included mononeuritis of the upper limb, carpal tunnel syndrome, neuralgia/neuritis, cervicocranial syndrome, cervical degenerative disc disease, cervical stenosis, cervical radiculitis, cervical radiculopathy and double crush syndrome. Treatment to date has included medications, radiological studies, cervical MRI, acupuncture treatments, physical therapy and left carpal tunnel release surgery. Current documentation dated April 1, 2015 notes that the injured worker reported worsening neck pain with radiation into the right upper extremity with associated numbness and tingling. The injured worker also noted some numbness in his feet and tingling all the time. Examination of the cervical spine revealed neck stiffness and a decreased range of motion. The injured worker had a positive Spurling sign with extension and rotation to then right. The injured worker also was noted to have numbness in his fingers of the right and left hand. The treating physician's plan of care included a request for the compounded medication Diclofenac/Gabapentin/Lidocaine/Baclofen/Steril #360 with 4 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Gabapentin/Lidocaine/Baclofen/Steril #360 with 4 Refills: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Baclofen as well as topical Gabapentin are not recommended due to lack of evidence. In addition, the claimant had been on oral NSAIDs and muscle relaxants. Since the compound above contains these topical medications, the compound in question is not medically necessary.