MAXIMUS Federal Services

Case Number:	CM14-0117094		
Date Assigned:	09/16/2014	Date of Injury:	01/02/2009
Decision Date:	10/21/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 39-year-old female who reported an injury on 01/02/2009. The mechanism of injury was a motor vehicle accident. She is diagnosed with lumbosacral pain, rotator cuff tendinitis, and depressive disorder. Her past treatments have included medications, activity modification, trigger point injections, epidural steroid injections, use of a TENS unit, chiropractic care, and corticosteroid injections. On 05/19/2014, the injured worker presented with complaints of intermittent lumbar radicular symptoms. She rated her pain 5/10. Her physical examination revealed a positive right straight leg raise, decreased motor strength in the right lower extremity, and decreased sensation in the right lower extremity in an L5 distribution. Her current medications were noted to include Nucynta and paroxetine. A request was received for Compound Medication 7.6% Gabapentin/3.8% Baclofen/3.8% Cyclobenzaprine/3.8% Bupivicaine cream. The documentation indicated that this medication was to be used to treat her persistent neuropathic symptoms. The treatment plan included continued use of paroxetine and Nucynta, as well as the addition of a neuropathic cream. The request for authorization form was submitted on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication 7.6% Gabapentin/3.8% Baclofen/3.8% Cyclobenzaprine/3.8% Bupivicaine cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily used to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any topical compounded product that contains at least 1 drug that is not recommended is not recommended. In regarding to gabapentin, the guidelines state that there is no peer reviewed literature to support topical use of this medication. In regard to baclofen, the guidelines state there is currently 1 phase III study of a topical compound which contains this agent for the treatment of chemotherapy induced peripheral neuropathy; however, there is no peer reviewed literature to support the use of topical baclofen at this time. In addition, the guidelines state that other muscle relaxants are also not recommended as there is no evidence for use of any other muscle relaxant as a topical product as well. Therefore, cyclobenzaprine is also not recommended. The clinical information submitted for review indicated that the injured worker has neuropathic pain and is taking an antidepressant. Additionally, the documentation shows that she has tried various opioid pain medications, as well as Tylenol. However, there is no documentation indicating that she had tried and failed an adequate course of anticonvulsants for her neuropathic pain. In addition, the requested compound contains gabapentin, baclofen, and cyclobenzaprine which are not recommended for topical use at this time. Therefore, the topical compound that contains these agents is also not recommended. Additionally, the request as submitted failed to indicate a frequency or quantity. As such, the request is not medically necessary.