

Case Number:	CM14-0117391		
Date Assigned:	09/25/2014	Date of Injury:	06/03/2001
Decision Date:	12/12/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 47-year-old female with complaints of generalized back pain. The date of injury is 06/03/01 and the mechanism of injury was not documented. At the time of request for compound Baclofen, Doxepin, Gabapentin, Meloxicam, and Pentoxifylline Topiramate, there is subjective (generalized pain including back, knee and leg rated at 10/10 without medications and 5/10 with medications. Her pain control has worsened and daily function and mood has gotten worse. She has more pain and muscle cramping. Chronic fatigue, exercise intolerance, and sleep disturbances.), objective (fibromyalgia exam positive for more than 11 out of 18 tender points.), findings, imaging/other findings (UDS dated 06/12/14 was positive for oxycodone, but was consistent with prescribed medication.), current medications (Oxycodone/APAP, Flector patch extended release, Cymbalta delayed release, Tizanidine HCl and Lyrica.), diagnoses (fail back syndrome, lumbar spine, and lumbar spinal stenosis), and treatment to date (Oxycodone/APAP, Flector patch extended release, Cymbalta delayed release, Tizanidine HCl and Lyrica since at least 01/14/14. Pain scale on 01/14/14, 03/20/14, 05/15/14, and 06/12/14 was 10/10 without medications and 5/10 with pain medications, which indicated no improvement. The request for compound Baclofen, Doxepin, Gabapentin, Meloxicam, Pentoxifylline Topiramate was denied on 06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Baclofen, Doxepin, Gabapentin, Meloxicam, Pentoxifylline Topiramate:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, Gabapentin is not recommended for topical use per guidelines, as there is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended per guidelines. Therefore, the request for compounded topical analgesic Baclofen, Doxepin, Gabapentin, Meloxicam, Pentoxifylline, Topiramate is not medically necessary.