

Case Number:	CM14-0161007		
Date Assigned:	10/06/2014	Date of Injury:	04/28/2010
Decision Date:	11/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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

This is a patient with the date of injury of April 28, 2010. A utilization review determination dated September 15, 2014 recommends non-certification for a topical compound medication. A progress report dated August 5, 2014 identifies subjective complaints of low back and right sacroiliac pain. The note indicates that the patient finds medications helpful including cyclobenzaprine, tramadol, Norco, Xanax, and Terocin. The patient states that she is able to work full duty with the help of her medications. Physical examination findings identify normal strength and sensation in the lower extremities with tenderness to palpation over L4-5 and L5-S1. Diagnoses include low back pain. The treatment plan recommends continuing Xanax, Norco, old tram, Terocin, and Prilosec. Additionally, a home exercise program is also recommended..

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: baclofen, bupivacaine, cyclobenzaprine, gabapentin, orphenadrine, pentoxifline, versatile cream base, dimethyl sulfoxide, propyleneglycol Quantity: 120 grams for 15 days supply with 0 refills: 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 Page(s): 111-113.

Decision rationale: Regarding the request for Compound Cream: baclofen, bupivacaine, cyclobenzaprine, gabapentin, orphenadrine, pentoxifline, versatile cream base, dimethyl sulfoxide, propyleneglycol, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Muscle relaxant drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Compound Cream: baclofen, bupivacaine, cyclobenzaprine, gabapentin, orphenadrine, pentoxifline, versatile cream base, dimethyl sulfoxide, propyleneglycol is not medically necessary.