

Case Number:	CM14-0163976		
Date Assigned:	10/08/2014	Date of Injury:	01/31/2006
Decision Date:	11/07/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/06/2014

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 Management 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 female patient with the date of injury of January 31, 2006. A Utilization Review was performed on September 29, 2014 and recommended non-certification of Compound Topical Cream: Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 GM three refills. A Progress Note dated September 16, 2014 identifies History of Present Illness of neck and back pain. Pain is described as aching in her low back, right knee, and right shoulder. Physical Exam identifies tenderness over the lumbar paraspinals. Pain with lumbar flexion and extension. Impression identifies myalgia, lumbar degenerative disc disease, degenerative disc disease cervical, chronic pain syndrome, neck pain, and low back pain. Recommendations identify topical cream for myofascial pain syndrome containing Baclofen, Bupivacaine, Cyclobenzaprine, DmsO, Gabapentin, Orphenadrine, and Pentoxifylline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Cream: Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 Gm Three Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Compound Topical Cream: Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 Gm Three Refills, 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. In addition, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Furthermore, Chronic Pain Medical Treatment Guidelines state that topical gabapentin is not recommended. They want to state that there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical muscle relaxants and gabapentin, the currently requested Compound Topical Cream: Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 Gm Three Refills is not medically necessary.