

Case Number:	CM14-0167421		
Date Assigned:	10/14/2014	Date of Injury:	05/29/2008
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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 American Board of Family Practice 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:

The patient is a 46 year old male who sustained an industrial low back injury while moving mats on 05/29/08. He is status post lumbar fusion in 2009 and hardware removal in 2010. A spinal cord stimulator (SCS) was authorized in 2010. Other treatment has included medications and injections. The pain center report dated 08-27-2014 documented the diagnoses of failed lumbar back syndrome, lumbosacral radiculopathy, scoliosis, and lumbar spinal stenosis. Treatment plan included Fentanyl, Dilaudid, Lidocaine patches, back brace, and exercises. The progress report dated 6/4/14 documented subjective complaints of low back pain with radiation in the right lower extremity. Objective findings included blood pressure 140/100, height 68 inches, and weight 196 pounds. Diagnoses were lumbar pain, scoliosis, spinal stenosis, status post lumbar surgery. Utilization review determination date was 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream DF5, 120 GM with 2 Refills, Ingredients: Baclofen 2 Percent/DMSO, 4 Percent Doxepin 5 Percent, Meloxicam 5 Percent, Pentoxifylline 3 Percent, Topiramate 2 Percent: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A topical compound cream with the ingredients Baclofen 2% / DMSO 4% / Doxepin 5% / Meloxicam 0.5% / Pentoxifylline 3% / Topiramate 2% was requested. MTUS guidelines do not support the use of compounded topical analgesics containing Baclofen. Therefore, the requested topical compound cream, which contains Baclofen, is not supported by MTUS guidelines. Therefore, the request for Topical Compound Cream DF5, 120 GM with 2 Refills, Ingredients: Baclofen 2 Percent/DMSO, 4 Percent Doxepin 5 Percent, Meloxicam 5 Percent, Pentoxifylline 3 Percent, and Topiramate 2 Percent is not medically necessary.