

Case Number:	CM14-0171201		
Date Assigned:	10/23/2014	Date of Injury:	03/12/2014
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal 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:

The injured worker (IW) is a 51-year-old man with a date of injury of March 12, 2014. The mechanism of occurred when he stepped on a loose 2 X 4 and which caused him to fall. He sustained injuries to his right elbow and low back. Pursuant to the progress report dated September 23, 2014, the IW complains of right shoulder and arm pain. Pain is rated 9/10 at its worse. The pain does not radiate. On examination, the IW had mild to moderate lumbar back spasms with 50% range of motion (ROM). There was stiffness and decreased ROM in the thoracic spine. There was right elbow epicondyle tenderness. The IW was diagnosed with T12 compression fracture, right subacromial bursitis, and medial epicondylagia (?). Current medications included Tramadol, and Naproxen. The provider is recommending Baclofen 2%/Bupivacaine 1%/Cyclobenzaprine 2%/Gabapentin 6%/Pentoxifylline 3% cream with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2%/Bupivacaine 1%/Cyclobenzaprine 2%/Gabapentin 6%/Orphenadrine 6%/Pentoxifylline 3% 120gm with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Official Disability Guidelines, Baclofen 2%, Bupivacaine 1%, cyclobenzaprine 2%, gabapentin 6%, Orphenadrine 6%, Pentoxifyline 3%, #120 g with one refill. Topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical cyclobenzaprine, a muscle relaxant, is not recommended. Baclofen is not recommended. In this case, the treating physician requested the topical analgesic compound noted above. Any compounded product that contains at least one drug (topical cyclobenzaprine and baclofen) that is not recommended, is not recommended. Consequently, the topical compound noted above is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Baclofen 2%, Bupivacaine 1%, cyclobenzaprine 2%, gabapentin 6%, Orphenadrine 6%, Pentoxifyline 3%, #120 g with one refill is not medically necessary.