

Case Number:	CM14-0174308		
Date Assigned:	10/24/2014	Date of Injury:	10/18/2011
Decision Date:	01/07/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 Interventional Spine 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 57 year old female with an injury date on 10/18/2014. Based on the 09/26/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Brachial Neuritis NOS2. Lumbosacral Neuritis NOS3. Shoulder Region Dis NEC According to this report, the patient complains of "neck pain into hands, more on the right hand and low back pain" that is a 5/10 on the pain scale. Exam findings show diminished sensation of the right hand and weakness of the upper and lower extremities. Tenderness is noted at the cervical and lumbar paravertebral muscles. There were no other significant findings noted on this report. The utilization review denied the request for Compound: Fluibuprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ketamine 15% CR QTY: 120mg on 10/03/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/11/2014 to 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Fluibuprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ketamine 15% CR QTY: 120mg: Upheld

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

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

Decision rationale: According to the 09/26/2014 report, this patient presents with "neck pain into hands and low back pain that is a 5/10 on the pain scale. Per this report, the current request is for Compound: Fluibuprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ketamine 15% CR QTY: 120mg. Regarding Topical Analgesics, California Medical Treatment Utilization Schedule (MTUS) page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case Baclofen, Cyclobenzaprine, Gabapentin, and Ketamine cream are not recommended for topical formulation. Treatment is not medically necessary and appropriate.