

Case Number:	CM14-0191615		
Date Assigned:	11/24/2014	Date of Injury:	09/30/1998
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family 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 56-year old woman reported injuries dated 9/30/98. The available records do not describe the mechanism of injury or the course of the injury prior to 2014. Treatment appears to have included medications, bilateral knee replacements, back surgery, a right hip replacement, and placement of a spinal cord stimulator. A 2004 gastric bypass may have been performed on an industrial basis. Significant medical history includes diagnoses of obesity (even after bypass), hypertension, asthma, osteoarthritis, thyroid disease, Lupus, fibromyalgia and chronic neck pain from an auto accident. The records contain a provider's note dated 10/1/14. It documents that the patient has ongoing back pain, with exam findings including tenderness and decreased range of motion. Diagnoses include thoracic or lumbosacral neuritis and long-term use of medications. The plan includes discontinuing Norco and extended release morphine, starting Oxycontin and DynaMD compounded cream, and requesting authorization for L5-S1 facet blocks. The note contains a statement that "Our goal is to decrease the patient's narcotic usage by 70-80% and increase the patient quality of life". The most recent note in the records, dated 10/8/14, was written by another provider. It states that the patient has ongoing moderate to severe back pain. With medications she is reported to "struggle but fulfill daily home responsibilities" but is unable to perform outside activities, work or volunteer. Without medication she is able to get dressed and perform minimal activities at home. Diagnoses that appear to be work-related include "back problem", lumbar post-laminectomy syndrome, lumbosacral radiculitis, lumbosacral disc degeneration, lumbar spinal stenosis, lumbosacral spondylosis, facet joint arthropathy, thoracic radiculopathy, various types of pain, spasm, abnormal gait, and chronic pain syndrome. Current medications listed include Avinza (morphine) 60 mg twice per day, Morphine ER 60 mg capsule extended release one three times per day, Cymbalta, Norco 10/325 one every 6 hours, Lyrica, tizanidine, Mobic, Nexium, DHEA, levothyroxine, Singulair, spironolactone, FeroSul, azelastine

nasal spray, and multiple over the counter medications. Work status is documented as "P&S". The records contain a 10/8/14 request from the first provider for authorization for a compounded cream with four refills, and a form generated by DynaMD with the same date, which specifies the components of the cream and states that 1-2 grams should be applied to the affected areas 3-4 times per day. DynaMD topical cream was non-certified in UR on 10/16/14 on the basis that MTUS guidelines do not support the use of topical NSAIDs in this case, and recommend against the use of topical muscle relaxants, or Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyna MD compound cream; Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 23%, Bupivacaine quantity 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Topical analgesics Page(s): 60; 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: UptoDate, an online evidence-based review service for clinicians (www.uptodate.com), Bupivacaine: Drug information

Decision rationale: Based on the MTUS citations above and on the clinical information provided for my review, topical DynaMD cream 360 grams with 4 refills is not medically necessary. It is not medically necessary because its use means that five medications are being started simultaneously; because topical Diclofenac is being combined with an oral NSAID and is not being used according to guidelines; because topical Gabapentin, Baclofen and Cyclobenzaprine are not recommended by guidelines; and because the use of topical bupivacaine may be quite dangerous. Therefore, the request is not medically necessary.