

Case Number:	CM14-0210065		
Date Assigned:	12/23/2014	Date of Injury:	01/07/2008
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 41-year-old male with date of injury 01/07/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/29/2014, lists subjective complaints as pain in the neck with radicular symptoms down the bilateral upper extremities. Objective findings: Patient's pain was radicular and followed the C6-C7 nerve distribution. Spurling's test was positive on the right. Facet tenderness was present on the cervical spine. Axial loading of the cervical spine worsened the pain. Neck range of motion was limited by pain. Tinel's sign was positive on the right. Motor exam was 5/5 bilaterally. Diagnosis: 1. Cervical radiculitis 2. Long-term current use of other medications. The medical records supplied for review document that the patient had not been prescribed the following medication before the date of the request for authorization on 10/29/2014. Medication: Compound Cream: Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1%, 360 grams SIG: apply 3-4 times per day to affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 5 Percent, Gabapentin 6 percent, Baclofen 2 Percent, Cyclobenzaprine 2 Percent, Bupivacaine 1 Percent, Lidocaine 5 Percent, and Fluticasone 1 Percent 360 Grams: 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.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This particular compounded medication contains a number of agents that are not recommended, but specifically, it contains cyclobenzaprine. There is no evidence for use of any muscle relaxant as a topical product. Diclofenac 5 Percent, Gabapentin 6 percent, Baclofen 2 Percent, Cyclobenzaprine 2 Percent, Bupivacaine 1 Percent, Lidocaine 5 Percent, and Fluticasone 1 Percent 360 Grams is not medically necessary.