MAXIMUS Federal Services

Case Number:	CM14-0217062		
Date Assigned:	01/06/2015	Date of Injury:	03/12/2013
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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:

The injured worker is a fifty-two year old male who sustained a work-related injury on March 12, 2013. A request for Baclo/Gaba/Lido/Keto/Cyclo was noncertified by Utilization Review (UR) on December 2, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination. The UR physician noted that the CA MTUS guidelines would not support this specific question to be one of medically necessity. This reference indicated that the requested prescription medication is considered experimental in nature and is not supported as a primary prescription medication for the management of a chronic pain condition. A request for Independent Medical Review was initiated on December 8, 2014. A review of the medical documentation submitted for IMR included MRI report of the lumbar spine from June 11, 2013 which revealed discogenic and degenerative changes of the lumbar spine, partial sacralization of L5 and disc bulges of L2-3, L3-4, L4-5 and L5-S1. An MRI report dated December 4, 2013 of the cervical spine revealed discogenic and degenerative changes and disc bulges at C5-6, C3-4, C4-5 and C6-7; A physician's report of May 22, 2014 indicated the injured worker complained of neck pain and low back pain. His cervical spine was tender to palpation. Diagnoses associated with the injury included continuous trauma injury, cervical disc bulging and lumbosacral disc bulging. The injured worker's work status was defined as Temporary Total Disability. On August 19, 2014 the injured worker underwent a translaminar epidural injection with fluoroscopic guidance at L5-S1, trigger point injections at bilateral lumbar paraspinous muscles and non-dural puncture myelography. He was evaluated on October 18, 2014 with complaints of

neck pain which he rated 5-6 on a ten point scale and complaints of low back pain with radiation to the right hip which he rated a 5-6 on a ten-point scale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Baclo/Faba/Lido/Keto/Cyclo (DOS: 10/15/14): 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: MTUS Chronic Pain Medical Treatment Guidelines are very specific regarding the recommended use of topical analgesics. If a drug is not FDA approved for topical use that drug is not guideline supported. Guidelines also state that if an ingredient in a compound is not guideline supported the compound is not supported. Guidelines specifically do not support the use of topical muscle relaxants (Baclofen, Cyclobenzaprine), Gabapentin or Ketoprofen. The compounded topical Baclo/Gaba/Lido/Keto/Cyclo cream is not medically necessary.