

Case Number:	CM14-0219282		
Date Assigned:	01/09/2015	Date of Injury:	11/03/2009
Decision Date:	03/09/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	12/31/2014

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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 11/03/2009 while assisting another driver with an overweight package. The other driver lost his grip and dropped his end. Computed tomography (CT) scan of the cervical spine without contrast dated 7/02/2014 was read by the evaluating provider as revealing interval progression of the degenerative changes of the cervical spine. The diagnoses have included spinal stenosis of the cervical spine and carpal tunnel syndrome. Currently, the Injured Worker complains of left arm pain, described as disabling, with the C7 hypothesis and weakness in the C5-6 distribution on the left. He also has a positive Phalen's test on the left. Per the notes, the last EMG a couple of years ago revealed no carpal tunnel syndrome. Surgical intervention has been recommended. On 12/25/2014, Utilization Review non-certified a request for the compound cream Diclofenac/Baclofen/Bupivacaine/Gabapentin/orph/pent/Ibuprofen 120gm, one refill, noting the lack of documentation supporting medical necessity. The MTUS Chronic Pain Medical Treatment Guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of brand name, prescription drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream Diclofenac 3%/Baclofen 2%/Bupivacaine 1%/Babapentin 6%/orph 5% /pent 3%/Ibuprofen 3% 120gm with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 111, 113.

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

Decision rationale: This patient presents with neck and arm pain. The current request is for TOPICAL COMPOUND CREAM DICLIFENAC 3%/BACLOFEN 2%/BUPIVACAINE 1%/GABAPENTIN 6%/ORPH 5% 1PENT 3%/IBUPROFEN 3% 120GM WITH ONE REFILL. The MTUS guidelines page 111 of chronic pain section states the following regarding topical analgesics, largely experimental and used with few randomized control trials to determine efficacy or safety. The MTUS guidelines pg 111-113, Topical Analgesics section under Non-steroidal antiinflammatory agents, NSAIDs, states these are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. The patient does not meet the indication for a topical NSAID and gabapentin is not recommended in any topical formulation; therefore, rendering the entire compound cream invalid. The requested compound topical cream IS NOT medically necessary.