

Case Number:	CM15-0012910		
Date Assigned:	01/30/2015	Date of Injury:	06/27/2005
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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, Pain Management

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 56 year old male who sustained an industrial injury on 6/27/05. The injured worker reported symptoms in the back and lower extremities. The diagnoses included lumbar spine discopathy, status post anterior lumbar interbody fusion at L4-5 and L5-S1, left hip pain and bilateral lower extremity radiculopathy. Treatments to date include oral pain medications and status post anterior lumbar interbody fusion at L4-5 and L5-S1. In a progress note dated 6/30/14 the treating provider reports the injured worker was with complaints of "stabbing and aching pain in the low back with burning pain to the lower extremities associated with numbness and pins and needles." On 1/15/15 Utilization Review non-certified the request for Retrospective request for gabapentin 10%/cyclobenzaprine 4%/Ketoprofen 10%/Capsaicin 0.0375%/Menthol 5%/Camphor 2% cream 180g (DOS: 12/12/14) and . The MTUS, ACOEM Guidelines, (or ODG) was Retrospective request for Ketoprofen 15%/Diclofenac 5%/Lidocaine 5%/Baclofen 2% cream 180grams (DOS: 12/12/14) cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for gabapentin 10%/cyclobenzaprine 4%/ketoprofen 10%/capsaicin 0.0375%/menthol 5%/camphor 2% cream 180g (DOS: 12/12/14): 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: In order for this request to be recommend, the MTUS requires that all components of the topical formulation must be recommended. Regarding the request for topical cyclobenzaprine, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. Given these guidelines, this request is not medically necessary.

Retrospective request for ketoprofen 15%/diclofenac 5%/lidocaine 5%/baclofen 2% cream 180grams (DOS: 12/12/14): 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: The CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. In this case the baclofen topically is not a recommended component per guidelines. Furthermore, the MTUS specifically states that topical lidocaine is only recommended in patch form as Lidoderm (and not as a topical cream or ointment). Given these guidelines, this request is not medically necessary.