

<b>Case Number:</b>	CM15-0015940		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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

### 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 28 year old male, who sustained an industrial injury on September 30, 2013, and March 4, 2014. He has reported left jaw pain, neck pain and upper back pain. The diagnoses have included assault, facial pain, myofascitis and trauma. Treatment to date has included radiographic imaging, diagnostic studies, temporomandibular joint surgery, orthodontist and dentist care, conservative treatment modalities, pain medications and work restrictions. Currently, the IW complains of neck pain, upper back pain and left jaw pain. The injured worker reported an industrial injury in 2013, after being assaulted and struck in the left jaw bone twice. He required surgical intervention of the left jaw. He was treated with pain medications, ice and heat and orthodontic and dental care. He required tooth extractions on April 21, 2014. On examination on July 16, 2014, he reported continued pain and sleep interferences and well as feelings of the type of work negatively impacting his mental state. He was seeking alternative employment. On August 12, 2014, the injured worker remained in pain. It was noted radiographs were negative. He continued to work however was off intermittently for pain. On January 12, 2015, Utilization Review non-certified a request for BCDL Compound Cream 240gm qty: 1, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of requested BCDL Compound Cream 240gm qty: 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BCDL Compound Cream 240gm qty: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**Decision rationale:** The patient has been suffering from TMJ. The request is for BCDL -- Baclofen, Cyclobenzaprine, Diclofenac, Lidocaine -- COMPOUND CREAM 240GM. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Baclofen or Cyclobenzaprine as topical cream. The MTUS guidelines page 112 on topical lidocaine do not allow any other formulation of Lidocaine other than in patch form. Furthermore, the treater requested this cream without the indication of each ingredient's percentage. The request IS NOT medically necessary.