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| Case Number: | CM15-0111770 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 11/12/2008 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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 37 year old female, who sustained an industrial injury on 11/12/2008. Diagnoses include grade 3 injury left ankle, traction neuropathy left leg and ankle secondary to chronic regional pain syndrome due to original accident. Treatment to date has included medications including Oxycodone, Gabapentin, Nucynta, Celebrex, Cymbalta, Methadone, Zanaflex, Baclofen and Senokot. Per the Primary Treating Physician's Progress Report dated 1/28/2015 the injured worker reported excruciating pain and tingling in the left lower extremity, lower back pain, cramps in the calf and shooting pains radiating up to the left hip and lower back. Physical examination revealed allodynia and hyperesthesia of the left lower extremity. The plan of care included pain management and multiple medications. Authorization was requested for MED PC5001 cream (Lidocaine 5%, Gabapentin 6%, Cyclobenzaprine 2%, Baclofen 2%, and Flurbiprofen 20%).

IMR ISSUES, DECISIONS AND RATIONALES

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

PC5001 cream (5% Lidocaine, 6% Gabapentin, 2% Cyclobenzaprine, 2% Baclofen, 20% Flurbiprofen) 150gm: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed multiple concurrent muscle relaxants and anti-epileptic posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The PC5001 cream (5% Lidocaine, 6% Gabapentin, 2% Cyclobenzaprine, 2% Baclofen, 20% Flurbiprofen) 150gm is not medically necessary and appropriate.