

Case Number:	CM15-0115050		
Date Assigned:	06/23/2015	Date of Injury:	03/26/1999
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
Certification(s)/Specialty: Emergency 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 65 year old male who sustained an industrial injury on 03/26/1999. Current diagnoses include cervical spine surgery cervical spine stenosis and probable lumbar spine disc rupture. Previous treatments include medications, cervical surgery on 01/24/2015, physical therapy, and H-wave unit. The most recent report submitted for review dated 03/31/2015 noted that the injured worker presented with complaints that included neck and lower back pain. Pain level was not included. Physical examination was positive for diminished sensation in the right lower extremity, mid-anterior thigh, mid-lateral calf, and lateral ankle. The treatment plan included requests for follow up consultation with internal medicine and orthopedics, request for a weight loss program, and follow up in 5 weeks. It was noted that the injured worker continues recovering from cervical surgery, and scheduled to see AME in June. Disputed treatments include retrospective transdermal compound, cyclobenzaprine 2%, Baclofen powder 2%, lidocaine powder 5%, flurbiprofen powder 15%, microderm base cream #180 gram DOS (4/10/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective transdermal compound, Cyclobenzaprine 2%, Baclofen powder 2%, Lidocaine powder 5%, Flurbiprofen powder 15%, microderm base cream #180 gram DOS (4/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), topical analgesics.

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

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines, "topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended". The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. There was no documentation of a diagnosis of neuralgia or that the injured worker has tried and failed other antidepressants and anticonvulsants. In addition, the requested cream is a compound of several medications including cyclobenzaprine and baclofen. According to the guidelines, these medications are not recommended in topical applications. Finally, the request does not include the frequency or location of application. Without this information and lack of support from the guidelines, the retrospective request for the topical cream is not medically necessary.