

Case Number:	CM15-0116462		
Date Assigned:	06/24/2015	Date of Injury:	06/08/1999
Decision Date:	09/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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 54-year-old male who sustained an industrial injury on 6/8/99. The injured worker was diagnosed as having chronic myalgia and myositis, muscle spasms, facet arthropathy, cervical radiculopathy, failed back surgery syndrome cervical and chronic spondylosis - cervical without myelopathy. Currently, the injured worker was with complaints of pain in the neck and arm. Previous treatments included injection therapy, oral opioid analgesics and a heating pad. Previous diagnostic studies included electromyography and nerve conduction velocity study, which were unremarkable. The injured workers pain level was noted as 10/10 without the use of medications and 7/10 with the use of medications. Physical examination was notable for tenderness to cervical spine and moderate pain with motion. The plan of care was for Dic/Bac/Cyc/Gab/Tet (DBC GT) 90 grams quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dic/Bac/Cyc/Gab/Tet (DBC GT) 90gm #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: The patient presents on 06/02/15 with neck pain, which radiates into the bilateral upper extremities with associated numbness and tingling. The pain is rated 10/10 without medications, 7/10 with medications. The patient's date of injury is 06/08/99. Patient is status post C3-C6 fusion in 2002. The request is for dic/bac/gab/tet (dbcgt) 90gm #30. The RFA was not provided. Physical examination dated 06/02/15 reveals tenderness in the cervical spine with moderate pain elicitation upon motion. The patient is currently prescribed Dexilant, Topical Compounded creams, Voltaren gel, and Hydrocodone. Patient is currently classified as permanent and stationary. MTUS Topical Analgesics section, page 111-113 has the following under: Non-steroidal anti-inflammatory agents (NSAIDs) "this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Under Baclofen: "Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen." Regarding topical compounded creams on pg 111. Guidelines state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Diclofenac, Baclofen, and Gabapentin the requested cream is not supported by MTUS guidelines. Topical NSAIDs are only supported for peripheral complaints - this patient presents with chronic neck pain with a radicular component. MTUS guidelines do not support either Gabapentin or Baclofen in topical formulations. Guidelines also state that any topical compounded cream, which contains an unsupported ingredient, is not indicated. Hence, this request is not medically necessary.