

Case Number:	CM15-0117378		
Date Assigned:	06/25/2015	Date of Injury:	05/07/2009
Decision Date:	08/12/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/17/2015

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: Family Practice

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 05/07/2009. Diagnoses include knee pain; low back pain; sciatica; status post right knee surgery; and right hip strain. Treatment to date has included medication, water therapy, physical therapy (PT), knee brace, knee surgery, gym membership, hip injection, home exercise program and epidural steroid injections. According to the progress notes dated 5/7/15, the IW reported moderate low back pain with radiation into both legs aggravated by lifting, bending and walking. On examination, his gait was slow and antalgic and he walked with a cane. The right ilium and sciatic notch were tender to palpation. Paraspinal muscle spasms were present in the lumbar spine, range of motion was reduced 25% and trigger points were identified at the L5 level, the right and left sciatic notches and the iliac crest. The neurological exam of the lower extremities was normal. A request was made for topical cream: Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen, Pentoxifyline 120 grams with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Cream: Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen, Pentoxifyline 120 gm times two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that gabapentin is not supported in a topical application. Muscle relaxant Baclofen is also not recommended in a topical application. The request for Topical compound Cream: Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen, Pentoxifyline 120 gm times two refills is not medically necessary and appropriate.