

Case Number:	CM15-0122504		
Date Assigned:	07/06/2015	Date of Injury:	03/30/2012
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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:

This 62 year old female sustained an industrial injury to the neck, back, bilateral knees and bilateral ankles via cumulative trauma from 3/30/12 to 4/9/13. Previous treatment included bilateral knee surgery, physical therapy, acupuncture, chiropractic therapy, bracing and medications. Electromyography/nerve conduction velocity test of bilateral lower extremities (11/11/13) was normal. Magnetic resonance imaging cervical spine (12/18/14) showed reversal of cervical lordosis with degenerative discogenic spondylosis, distribution desiccation and disc protrusion. Magnetic resonance imaging lumbar spine (12/20/2014) showed broad based disc protrusion at L4-5 and L5-S1. In a Doctor's First Report of Occupational Injury dated 4/3/15, the injured worker complained of neck pain rated 4/10 on the visual analog scale, low back pain with radiation to bilateral lower extremities rated 7/10, right knee pain rated 8/10, left knee pain rated 4/10 and bilateral ankle pain rated 3/10. Physical exam was remarkable for tenderness to palpation to the cervical spine, lumbar spine, bilateral knees and bilateral ankles with decreased range of motion and spasms. Current diagnoses included lumbar disc herniation, cervical disc herniation, status post bilateral knee surgery and bilateral ankle sprain/strain. The treatment plan included chiropractic therapy three times a week for four weeks, urine toxicology screening and medications (Prilosec, Cyclobenzaprine, Naproxen Sodium and topical compound creams: Baclofen 2% / Cyclobenzaprine 2% / Flurbiprofen 15% / Lidocaine 6.15% / Hyaluronic Acid 0.2% 150gm and Diclofenac 10% / Flurbiprofen 10% / Gabapentin 10% / Lidocaine HCL 6.15% / Hyaluronic Acid 0.2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2% / Cyclobenzaprine 2% / Flurbiprofen 15% / Lidocaine 6.15% / Hyaluronic Acid 0.2% 150gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Baclofen 2% / Cyclobenzaprine 2% / Flurbiprofen 15% / Lidocaine 6.15% / Hyaluronic Acid 0.2% 150gm is not medically necessary.

Diclofenac 10% / Flurbiprofen 10% / Gabapentin 10% / Lidocaine HCL 6.15% / Hyaluronic Acid 0.2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac 10% / Flurbiprofen 10% / Gabapentin 10% / Lidocaine HCL 6.15% / Hyaluronic Acid 0.2 is not medically necessary.