MAXIMUS Federal Services

Case Number:	CM15-0123404		
Date Assigned:	07/07/2015	Date of Injury:	02/21/2013
Decision Date:	09/15/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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 64 year old female, who sustained an industrial injury on 02/21/2013. The injured worker is currently off work. The injured worker is currently diagnosed as having cervical spine myofasciitis with radiculitis and disc injury, lumbar spine myofasciitis with radiculitis and disc injury, and right shoulder impingement syndrome. Treatment and diagnostics to date has included lumbar spine fusion, physical therapy, and medications. In a progress note dated 05/28/2015, the injured worker presented with complaints of neck, back, and bilateral shoulder pain. The injured worker rated her neck pain level 5-6, back pain is up to 8, and right shoulder pain 3-8 according to progress note. Objective findings include positive straight leg raise test, guarded gait, and tenderness to cervical spine and trapezius muscles. The treating physician reported requesting authorization for a compound cream.

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 10%, Gabapentin, Lidocaine 2%, 120gn with 2 refills: 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: As per California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". California MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Any topical agent with lidocaine is not recommended if it is not Lidoderm patch. Additionally, one of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use The requested cream contains Baclofen, Cyclobenzaprine, Flurbiprofen, Gabapentin, and Lidocaine. Therefore, based on the Guidelines and the submitted records, the request for the above compound cream is not medically necessary.