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| Case Number: | CM15-0127707 | | |
| Date Assigned: | 08/21/2015 | Date of Injury: | 10/01/2013 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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, North Carolina
 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 61 year old female who sustained an industrial injury on 10-01-2013. Current diagnoses include disc degeneration, cervical radiculitis, and post laminectomy syndrome-cervical. Previous treatments included medications, surgical intervention, physical therapy, ice therapy, and TENS. Previous diagnostic studies included x-rays and MRI. Report dated 05-05-2015 noted that the injured worker presented for pain management re-evaluation. Present complaints included unchanged neck pain and some slight decrease in her back and increased pain in her shoulders, and difficulty sleeping. Pain level was 7 (neck), 4 (back), and 6 (shoulders) out of 10 on a visual analog scale (VAS). Current medications include Lyrica and Tylenol with codeine. It was also documented that the injured worker tried gabapentin, but this made her feel "off balance". Currently the injured worker is working. Physical examination was positive for swan neck-increase lordotic curvature, tenderness to palpation over the right suboccipital region, left suboccipital region, right upper cervical facets, left upper cervical facets, right mid cervical facets, left mid cervical facets, right lower cervical facets, left lower cervical facets, right trapezius spasm, left trapezius spasm, right scapula spasm, left scapula spasm, decreased range of motion with pain, decreased right wrist and shoulder strength, and decreased grip strength. The treatment plan included continuing current medication regimen, use ice and moist heat for pain control, started on Lyrica, discontinued Neurontin, follow up in one month, follow up with QME and ENT consult, compound cream ordered, and consider CESI and FRP. The treating physician noted that the injured worker was being prescribed the topical cream to be applied twice per day and also at hour of sleep. Disputed treatments include compound cream diclofenac 15% cycloben 2.5% lidocaine 10% 240 g supply: 20 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Diclofenac 15% Cycloben 2.5% Lidocaine 10% 240 g supply: 20 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no research to support the use of many of these agents. This request is for a compounded product containing Diclofenac, Cyclobenzaprine and Lidocaine. Cyclobenzaprine is specifically not recommended for topical use. Lidocaine is only recommended in the form of a Lidocaine patch. Diclofenac is recommended for osteoarthritis of small joints. Therefore the request is not medically necessary or appropriate.