

Case Number:	CM15-0024654		
Date Assigned:	02/17/2015	Date of Injury:	07/30/2010
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/09/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old female who sustained a work related injury July 30, 2010. Past history included a back injury in 1998 and a knee injury with meniscal surgery in 2011. According to a physician's follow-up evaluation, dated December 24, 2014, examination shows satisfactory sensory, motor, and deep tendon reflexes. An MRI (report dated 12/18/2014 present in medical record), reveals spinal stenosis at L3-4 and significant disc degeneration at the other levels. X-rays reveal scoliosis which extends up into the lower thoracic spine and disc degeneration of the L4-5 and L5-S1 disc levels. She is unable to take medication because of a gastrointestinal problem. Treatment recommendation is for a topical compound cream for back pain and follow-up in six weeks. According to utilization review dated January 6, 2015, the request for Diclofenac/Baclofen/Bupivacaine/Gabapentin/Ibuprofen/Pentoxifylline 120 gm (Refill x 3) is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Baclofen/Bupivaccine/Gabapentin/Ibuprofen/Pentoxifylline 120gm x3 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 111), NONSELECTIVE NSAIDS, page(s) 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain. Therefore request for Diclofenac/ Baclofen/ Bupivaccine/Gabapentin/ Ibuprofen/ Pentoxifylline 120gm x3 refills is not medically necessary.