

Case Number:	CM15-0024974		
Date Assigned:	02/17/2015	Date of Injury:	07/18/2013
Decision Date:	04/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/10/2015

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 49 year old female, who sustained an industrial injury on July 18, 2013. She has reported injuring upper back, neck, left shoulder, and elbow. The diagnoses have included cervical degenerative disc disease, left shoulder impingement, and opiate allergy. Treatment to date has included trigger point injections, physical therapy, bracing, and medications. Currently, the injured worker complains of neck muscle spasms, migraine headaches, and tardive dyskinesia symptoms . The Treating Physician's report dated January 26, 2015, noted the occipitalis, suboccipitalis and temporalis cervical muscle tenderness, cervical facet compression and tenderness, left trapezius muscle spasm, left rhomboid attachment to scapula muscle spasm, and left pectoralis attachment occupational therapy anterior shoulder muscle spasm. Tenderness to palpation was noted in the left shoulder supraspinatus, pectoralis minor, and biceps muscles. The injured worker was noted to have had trigger point injections over the deep cervical facial on January 19, 2015. On February 9, 2015, Utilization Review non-certified BCDL Compound Cream 60gms QTY: 30, noting that based on the currently available information the medical necessity for the topical agent had not been established. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of BCDL Compound Cream 60gms QTY: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

BCDL Compound Cream 60gms QTY: 30: 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.

Decision rationale: The requested topical cream is formed by the combination of Baclofen/Cyclobenzaprine/Diclofenac/lidocaine. 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. That 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. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream BCDL is not medically necessary.