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| Case Number: | CM15-0069084 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 05/24/2003 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old female, who sustained an industrial injury on May 24, 2003. She was diagnosed with lumbar degenerative disc disease and sciatica. Treatment included pain medications, injections, anti-inflammatory drugs, and pain patches. Currently, the injured worker complained of persistent low back pain. The sensory, motor, reflexes and straight leg raising tests were noted to be normal. The treatment plan that was requested for authorization included a prescription for compound cream- Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen and Pentoxiplyline. The medications listed are Celebrex, gabapentin, hydrocodone, ibuprofen, Lidoderm and the topical compound analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream - Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Gabapentin 6%, Ibuprofen 3%, Pentoxiplyline 3% Qty: 480.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical analgesic products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when conservative treatments with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of neuropathic pain. There is no documentation of failure of oral formulation of first line medications. The guidelines recommend that topical products be tried and evaluated individually. There is lack of guidelines support for the utilization of topical formulations of baclofen, gabapentin and pentoxiphyline for the treatment of chronic pain. The patient is utilizing multiple oral NSAIDs and oral gabapentin concurrently. The criteria for the use of topical diclofenac 3% / baclofen 2% / bupivacaine 1% / gabapentin 6% / ibuprofen 3% / pentoxiphyline 3% 480gm was not met. The request is not medically necessary.