

Case Number:	CM15-0074045		
Date Assigned:	04/24/2015	Date of Injury:	02/14/2003
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 2/14/03. He reported a back injury. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included Celebrex, Lidoderm patch and musculoskeletal cream. Currently, the injured worker complains of continued back pain. Physical exam noted satisfactory sensory, motor and deep tendon reflexes. A request for authorization was submitted for topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream Diclofenac / baclofen bupivacaine / gabapentin / ibuprofen / pentoxifyline, 120 grams with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs; Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical analgesics Page(s): 18-9, 63-6, 67-74, 111-13.

Decision rationale: Diclofenac/Baclofen/Bupivacaine/Gabapentin/Ibuprofen/Pentoxifylline Cream is a combination product formulated for topical use. It is made up of diclofenac and ibuprofen (both are non-steroidal anti-inflammatory (NSAID) medications), gabapentin (an anticonvulsant), baclofen (a antispasticity agent), bupivacaine (an anesthetic), and pentoxifylline (a methylxanthine derivative). The use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain although it is considered largely experimental, as there is little to no research to support their use. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. Baclofen is indicated for oral use to treat muscle spasms caused by multiple sclerosis or spinal cord injuries but the MTUS does not recommend its use as a topical agent. Topical bupivacaine is not specifically mentioned by the MTUS but it does state use of topical local anesthetics is effective for local pain relief but are not recommended for treatment of chronic pain as more research is needed to prove effectiveness and safety. Pentoxifylline is a methylxanthine derivative with a variety of anti-inflammatory effects currently approved by the FDA only for the treatment of intermittent claudication. It is important to note the MTUS states, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since baclofen, bupivacaine and gabapentin are not recommended for topical use, this product is not recommended. Medical necessity for use of this preparation has not been established and is not medically necessary.