

Case Number:	CM15-0095569		
Date Assigned:	05/22/2015	Date of Injury:	09/24/2007
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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: Arizona, California
 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 51 year old female, who sustained an industrial injury on 9/24/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, cervical and lumbar disc disruption, cervical facet syndrome, myofascial pain syndrome, lumbar facet syndrome and bilateral knee pain. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, physical therapy and medication management. In a progress note dated 3/30/2015, the injured worker complains of neck pain, radiating to the bilateral upper extremities, knee pain with spasms and low back pain radiating to the bilateral lower extremities. Physical examination showed tenderness, tightness and decreased range of motion to the cervical and lumbar spine and decreased sensation in the left lower extremity. The treating physician is requesting CMPD-Lyrica CA/Lidocaine/PCCA Lipo/Celebrex Day Supply: 20 # 180 (Rx date: 4/28/2015) and CMPD-Baclofen/PCCA Lipo/Tramadol Day Supply: 20 # 180 (Rx date: 4/28/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Lyrica CA/Lidocaine/PCCA Lipo/Celebrex Day Supply: 20 Qty: 180 (Rx date: 4/28/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-convulsants such as Lyrica are not recommended due to lack of evidence. The details of the compounded drug above were not provided. The claimant had previously been on topical analgesics for months. Since the compound in question contains unapproved medication, the request for CMPD-Lyrica CA/Lidocaine/PCCA Lipo/Celebrex is not medically necessary.

CMPD-Baclofen/PCCA Lipo/Tramadol Day Supply: 20 Qty: 180 (Rx date: 4/28/2015):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Baclofen is not recommended due to lack of evidence for its use. Since the compound in question contains the above medication, the request for CMPD-Baclofen/PCCA Lipo/Tramadol is not medically necessary.