

Case Number:	CM15-0095693		
Date Assigned:	05/22/2015	Date of Injury:	11/13/2003
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old female who sustained an industrial injury on 11/13/2003. Current diagnoses include myalgia and myositis, carpal tunnel syndrome, and ganglion of joint. Previous treatments included medication management, pool therapy, and acupuncture. Previous diagnostic studies include urine drug screenings. Report dated 03/20/2015 noted that the injured worker presented with complaints that included continued total body pain, chronic fatigue, and sleeping problems. Pain level was not included. Physical examination was positive for trigger point tenderness. The treatment plan included continue medications, continue pool therapy and acupuncture. Disputed treatments include Retrospective review for date of service (DOS) 03/20/15 for pharmacy purchase of compound consisting of cyclobenzaprine/gabapentin/lidocaine/capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service (DOS) 03/20/15 for pharmacy purchase of compound consisting of: Cyclobenzaprine/Gabapentin/Lidocaine/Capsaicin/Professional Compounding centers of America (PCCA) Lidoderm base 3 gms #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Lidoderm (lidocaine patch) Page(s): 111-113 and 56-57.

Decision rationale: Retrospective review for date of service (DOS) 03/20/15 for pharmacy purchase of compound consisting of: Cyclobenzaprine/Gabapentin/ Lidocaine/Capsaicin/ Professional Compounding centers of America (PCCA) Lidoderm base 3 gms #1. The MTUS states that topical analgesics are largely experimental. The MTUS states that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Gabapentin or topical muscle relaxants such as topical Cyclobenzaprine, or topical (non-patch) formulations of Lidocaine for chronic pain. There are no extenuating factors in the documentation submitted which would necessitate deviating from the MTUS recommendations therefore this request is not medically necessary.