

Case Number:	CM15-0098608		
Date Assigned:	05/29/2015	Date of Injury:	03/26/2014
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/21/2015

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 York

Certification(s)/Specialty: Internal 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 (IW) is a 52-year-old male who sustained an industrial injury on 03/26/2014. Diagnoses include myospasm and lumbar/lumbosacral disc degeneration. X-rays and an MRI of the lumbar spine showed mild degenerative disc disease. Treatment to date has included medications, acupuncture, chiropractic, massage therapy, ice treatment, facet blocks and physical therapy. He also exercises at home two to three times weekly. According to the Comprehensive Pain Management Consultation dated 4/28/15, the IW reported lumbar spine pain rated 7/10 without radiation and bilateral knee pain rated 5/10. On examination, there was tenderness to palpation over the bilateral facets and left paravertebral thoracic muscle spasms were present. A request was made for compound cream: Diclofenac 15%/Gabapentin%/Lidocaine 10%/Cyclobenzaprine 2.5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Diclofenac 15%, Gabapentin 10%, Lidocaine 10%, and Cyclobenzaprine 2.5%: 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): 111-113.

Decision rationale: According to the Chronic Pain Medical Treatment, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains Diclofenac, Gabapentin, Lidocaine and Cyclobenzaprine. Gabapentin and Cyclobenzaprine are not FDA approved for use as a topical application. Medical necessity for the requested topical analgesic compounded medication has not been established. The requested topical compound is not medically necessary.