

Case Number:	CM14-0165912		
Date Assigned:	10/13/2014	Date of Injury:	08/09/2012
Decision Date:	11/16/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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, North Carolina

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 with a date of injury on 08-09-2012. The injured worker is undergoing treatment for degenerative disc disease-cervical, cervical facet joint syndrome, myalgia and myositis and paresthesias, depression and anxiety. A physician note dated 06-26-2015 documents the injured worker has complaints of neck pain, upper extremity paresthesias and headaches. She also has depression and anxiety secondary to her post-concussion syndrome. She feels that pain with radiates from her trapezius and her neck to her head. Injections were discussed, and she became upset when intervention was discussed. A psychological examination was done on 06-19-2014. A physician progress note dated 09-05-2014 documents the injured worker reported increased pain in the thoracic spine causing anxiety, fear, and depression over the last month. She also has increased neck pain and numbness of her right upper extremity, and headaches with driving, lifting and walking. Her pain is 2 out of 10 without medications, and 0-2 out of 10 with her medications. She is primarily taking Ibuprofen. Generic Soma was not helping and she had severe nausea and constipation from Vicodin. Lying down and physical therapy helps with her pain. She has tenderness over the T1-2 paraspinal-spinous process and cervical spine range of motion is reduced in all planes. Facet joint injections were recommended but the injured worker would like to continue with conservative therapy. Treatment to date has included diagnostic studies, medications, cognitive behavioral therapy, and physical therapy. She takes Valium 5mg one half tab as needed for spasms. On 09-24-2014 Utilization

Review non-certified the request for 1 Compound medication Diclofenac3-Baclofen2-Bupivacaine1-DMSO4-Gabapentin6-Ibuprofen3-Orphenadrine5-Pentoxifylline3 Topical Cream 120gm W-3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Compound medication Diclofenac3/Baclofen2/Bupivacaine1/DMSO4/Gabapentin6/Ibuprofen3/Orphenadrine5/Pen toxyfylline3 Topical Cream 120gm W/3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Most of these agents have little to no research to support their use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the compounded product contains Diclofenac, Baclofen, Bupivacaine, DMSO, Gabapentin, Ibuprofen, Orphenadrine, and Pentoxifylline. In this case, the patient has thoracic spine pain and Diclofenac has not been studied for use in the spine, hips or shoulders. DMSO does have some evidence of efficacy for chronic pain. Peer-reviewed literature does not show any benefit of topical Baclofen or Gabapentin. Regarding the other components, there is no evidence to support their topical use. Therefore the request is not medically necessary or appropriate.