

Case Number:	CM14-0136396		
Date Assigned:	09/03/2014	Date of Injury:	06/10/2009
Decision Date:	12/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year-old patient sustained an injury on 6/15/09 while employed by [REDACTED]. Request(s) under consideration include Topical Compound BCFL (Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%) 120g, 2 refills . Diagnoses include Cervical spondylosis; chondromalacia patellae; and history of right shoulder impingement syndrome. AME report of 9/20/10 noted patient with chronic recurrent radicular neck pain to right shoulder/arm/hand and digits with associated numbness and tingling. Future medical care included analgesics anti-inflammatory medications and PT for exacerbation of symptoms. Report of 6/10/14 from the provider noted the patient with ongoing chronic neck, right shoulder, and knee pain; been using cervical traction with some relief; continues with independent home exercise program. Exam of cervical spine showed tenderness at posterior cervical and bilateral trapezius muscles with spasm; right shoulder tenderness over anterolateral aspect with positive impingement; right knee with tenderness along patellar facets, suprapatellar crepitation with range and pain on flexion. Treatment included home cervical traction unit; medications (topical BCFL-Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%), gym membership, and continuation of independent HEP. The request(s) for Topical Compound BCFL (Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%) 120g, 2 refills was non-certified on 7/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BCFL (Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%) 120g, 2 refills:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The Topical Compound BCFL (Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%) 120g, 2 refills is not medically necessary and appropriate.