

Case Number:	CM14-0150154		
Date Assigned:	09/18/2014	Date of Injury:	05/15/2012
Decision Date:	11/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine 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:

Pursuant to the progress report dated June 17, 2014, the injured worker (IW) has reported neck and low back pain with stiffness. Exam showed tenderness in the cervical spine with intact upper extremity strength. Lumbar spine exam showed tenderness, with slightly decreased range of motion and intact strength. Wrist exam showed no deformity or swelling. Right shoulder exam showed full range of motion, mildly positive impingement sign, and slight reproducible pain when testing the supraspinatus against resistance. The diagnoses include: Cervical strain/sprain, lumbosacral sprain/strain, and right wrist sprain/strain. The provider's entire treatment plan is to prescribe topical compounding cream; BCFL (Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%) Apply BID at bedtime #120 gms. Follow-up is scheduled for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med BCFL (baclofen 2%, cyclobenzaparine, flurbiprofen 15%, lidocaine 5%): 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, BCFL (baclofen 2%, cyclobenzaprine, flurbiprophen, and lidocaine 5%) is not medically necessary. The guidelines state topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. They are 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. In this case, the injured worker is a 52-year-old man with reported complaints of neck and low back pain with stiffness. The symptoms complained of do not appear to be neuropathic. Both cyclobenzaprine and baclofen topical are not recommended according to the ODG. Any compounded product that contains at least one drug (topical cyclobenzaprine and baclofen) that is not recommended is not recommended. Furthermore, Flurbiprophen is not FDA approved. Consequently, the topical product containing topical cyclobenzaprine and topical baclofen is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, BCFL is not medically necessary.