MAXIMUS Federal Services

Case Number:	CM14-0090958		
Date Assigned:	07/28/2014	Date of Injury:	10/15/2010
Decision Date:	09/29/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/16/2014

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:

The injured worker is a 49-year-old female who reported an injury on 10/15/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 09/23/2013 indicated diagnoses of chronic left abdominal wall pain with probable anterior cutaneous nerve entrapment and myofascial symptoms, chronic lumbar sprain/strain injury, possible radiculitis, lumbar radiculitis, and new onset of right plantar fasciitis. The injured worker reported persistent lumbar spine discomfort and requested facet injections and updated imaging studies that had been denied. The injured worker also reported development of severe right heel pain that made it difficult for her to walk. On physical examination, the injured worker's lumbar spine was tender; she had painful lumbar spine range of motion with flexion limited to 40 degrees. The injured worker had severe right plantar fascia heel tenderness. The injured worker's treatment plan included Soma, a steroid injection, and a followup in 6 months. The injured worker's prior treatments included medication management and diagnostic imaging. The provider submitted a request for topical compounds. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/BACLOFEN/CYCLOBENZAPRINE/GABAPENTIN/LIDOCAINE:
Upheld

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

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

Decision rationale: The request for Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, the FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solutions. Moreover, there is no peer-reviewed literature to support the use of topical baclofen. Additionally, the guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. Moreover, gabapentin is not recommended. In addition, the guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm, therefore, lidocaine is not recommended. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Additionally, the provider did not indicate a rationale for the request. Furthermore, the request does not provide a frequency, dosage, or quantity for the request. Therefore, the request is not medically necessary.