

Case Number:	CM14-0199686		
Date Assigned:	12/10/2014	Date of Injury:	09/21/2009
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, and is licensed to practice in New Jersey & New York. 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 51 year-old male who was injured on 9/21/09 when he was restraining a client and was bitten and scratched on both arms and developed pain in his back, neck, and arms. He complained of lumbar spine pain with bilateral lower extremity radiculopathy. He had worsening of left shoulder pain and cervical spine pain radiating to upper extremities. On exam, he had tenderness, guarding, and limited range of motion of the lumbar spine and tender left greater trochanter. He had positive straight leg raise. He had tenderness of cervical spine paraspinal muscles. He had full range of motion with endpoint pain. Bilateral shoulders showed full range of motion with endpoint pain. He had a tender acromioclavicular joint, with positive Hawkin's sign. He was diagnosed with bilateral shoulder impingement, cervical spine strain/sprain, and lumbar spine discopathy. He was treated with Condrolite, Norco, Omeprazole, and topical analgesics. There were no side effects documented in the chart. He was awaiting MRI of cervical spine and continued with range of motion exercises. A consultation with pain management was requested to discuss the use of epidurals. The current request is for a topical analgesic consisting of baclofen, Flurbiprofen, and L-carnitine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2%, Flurbiprofen 5%, Acetyl L-Carnitine 15% 180 gm: 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 rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topicals are often used when oral medications aren't tolerated. There was no documentation of adverse effects with oral medications. Topical baclofen is not recommended as per MTUS guidelines as there is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.