

Case Number:	CM15-0000239		
Date Assigned:	01/12/2015	Date of Injury:	06/03/2011
Decision Date:	04/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on June 3, 2011. He has reported low back and right foot pain. The diagnoses have included fracture dislocation of foot and ankle, Charcot fracture, peripheral neuropathy and lumbar sprain/strain with radiculopathy and disc displacement. Treatment to date has included oral medication, topical medication, surgery and acupuncture. Currently, the IW complains of continued low back pain to decrease use of oral narcotics, avoid dependency and harmful side effects. On December 16, 2014 Utilization Review non-certified a request for Flurbiprofen 20%, Baclofen 10% Dextromethorphan 2% cream, noting the treatment is "largely experimental". The Medical Treatment Utilization Schedule (MTUS) were cited. On December 29, 2014, the injured worker submitted an application for IMR for review of Flurbiprofen 20%, Baclofen 10% Dextromethorphan 2% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20%, Baclofen 10%, Dextromethorphan 2% cream: Upheld

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

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

Decision rationale: The patient presents with achy low back pain and hand pain in his right foot. The request is for compounded flurbiprofen 20%, baclofen 10%, dextromethorphan 2% cream. MTUS has the following regarding topical creams, page 111, chronic pain section, Topical analgesics: Nonsteroidal antiinflammatory agents: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior of placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, nor with a diminishing effect over another 2-week period. Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines further state: There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-review literature to support the use of topical baclofen. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not recommended. In this case, baclofen is not indicated for use as a topical formulation. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen. The requested compound cream IS NOT medically necessary.