

Case Number:	CM15-0004691		
Date Assigned:	01/15/2015	Date of Injury:	08/09/2012
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58-year-old male sustained work-related injuries to his right knee, right foot and low back on 8/9/2012. A medial meniscus tear of the right knee was repaired. The diagnosis at issue is osteoarthritis of the bilateral knees. Previous treatments include medications, physical therapy and surgery. The treating provider requests topical flurbiprofen 20%/ baclofen 10%/ dexamethasone 2%, 210 gm. The Utilization Review on 12/23/2014 non-certified topical flurbiprofen 20%/ baclofen 10%/ dexamethasone 2% 210 gm, citing CA MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone 2% 210gm: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical use of anti-spasmodics and muscle relaxants are not recommended due to lack of evidence. There is no peer-reviewed literature to support the use of topical baclofen. Since the compound in question contains Baclofen, the use of the compound above is not medically necessary.