

Case Number:	CM15-0106447		
Date Assigned:	07/17/2015	Date of Injury:	10/22/2002
Decision Date:	08/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 59-year-old male, who sustained an industrial injury, October 22, 2002. The injured worker previously received the following treatments Floricet, Seroquel, Lunesta, Bupropion, Alprazolam, hydrocodone, physical therapy, compound ointment of Flurbiprofen/ Baclofen/ Dexamethasone/Menthol/ Camphor/ Capsaicin and Hyaluronic Acid. The injured worker was diagnosed with left TMJ (temporomandibular joint syndrome), headache, hypercalcemia, hyperparathyroidism, psychiatric diagnosis, cephalgia and urinary frequency. According to progress note of May 29, 2015, the injured worker's chief complaint was right and left TMJ (temporomandibular joint syndrome) left and right clavicular, right and left anterior shoulder, abdominal, left chest, sternal, right and left sacroiliac, mid thoracic, left mid thoracic, upper thoracic, right and left cervical , left posterior leg, left pelvic, right posterior wrist, right pelvic, sacral, right posterior leg, right posterior knee left posterior knee, left calf, right ankle, left ankle, left foot, left posterior hand , right posterior shoulder, right mid thoracic, right anterior leg, left anterior leg, right anterior knee, right ankle, right shin, left foot, left ankle, left anterior knee, right anterior hand, left anterior hand, left anterior wrist and right anterior wrist. The injured worker reported right TMJ (temporomandibular joint syndrome) and left TMJ (temporomandibular joint syndrome), left cervical and right cervical pain approximately 90% of the time. The pain was aggravated by bending, carrying, cleaning, climbing, dressing, eating, lifting, pulling, reaching, sitting, turning, twisting and walking. The physical exam noted tenderness cervical , left cervical dorsal, right cervical dorsal, upper thoracic, lumbar, left sacroiliac, left buttocks, right buttocks, left posterior leg, right posterior leg, left posterior knee and right posterior knee. The treatment plan included shockwave therapy, cervical spine MRI, Lumbar spine CT scan and a prescription for compound ointment of Flurbiprofen/ Baclofen/ Dexamethasone/Menthol/ Camphor/ Capsaicin and Hyaluronic Acid. The reason was to reduce pain, increase function and mobility and decrease the need for additional oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical FCL to include Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, and Hyaluronic Acid 0.20% 180gm:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic wide spread pain. When seen, there was tenderness throughout the spine and multiple lower extremity areas. His BMI was over 32. There was decreased cervical and lumbar spine range of motion. Topical compounded cream was prescribed. This request is for a compounded topical medication with components including, Flurbiprofen, baclofen, dexamethasone, and capsaicin. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Additionally, another anti-inflammatory medication, dexamethasone, is included. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, other single component topical treatments could be considered. Additionally, in this case, two topical anti-inflammatory medications are included in this product, which is duplicative. This medication was not medically necessary.