

Case Number:	CM15-0130113		
Date Assigned:	07/16/2015	Date of Injury:	06/08/2012
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 female, who sustained an industrial injury on June 8, 2012. The injured worker was diagnosed as having multilevel disc disease at C4-C5 and C5-C6 per MRI dated May 23, 2014, right shoulder partial tear of the supraspinatus and infraspinatus tendons per MRI dated May 26, 2014, bilateral upper extremity overuse syndrome, chronic thoracic strain, rule out carpal tunnel syndrome, and right carpal tunnel syndrome per electro diagnostic study dated June 3, 2014. Treatments and evaluations to date have included MRIs, electro diagnostic studies, cervical epidural injections, physical therapy, and medication. Currently, the injured worker complains of neck, low back, bilateral shoulders, bilateral wrists, and bilateral hand pain. The Primary Treating Physician's report dated May 19, 2015, noted the injured worker reported her pain in the neck had worsening radiation to the right trapezius muscle with tightness and swelling, with lower back pain the same at 5/10, bilateral shoulder pain worsening especially on the right trapezius muscle at 8/10, and bilateral wrist and hand pain a 4/10 with associated numbness. The injured worker was noted to be currently working, taking Tylenol #3 only on an as needed basis. Physical examination was noted to show the cervical spine with decreased range of motion (ROM), tenderness to the paraspinals equally and the suboccipital region, with positive Spurling's on the right, decreased sensation on the right at C5, C6, and C7, and hypertonicity of the right trapezius muscle. The lumbar spine was noted to have decreased range of motion (ROM), with tenderness to the paraspinals, and positive Kemp's sign bilaterally. The right shoulder was noted to be than the left with a painful arc of 135 degrees and positive Neer's and Hawkin's impingement sign, right greater than left. The bilateral wrist

examination was noted to show positive Phalen's, Hawkin's, and Finkelstein signs. The injured worker received a cortisone injection to the right trapezius muscle. The treatment plan was noted to include continuation of use of the Tylenol #3 on an as needed basis, and requests for authorization for massage therapy and Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20%5%4%) 180gm: 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 MTUS Chronic Pain guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication contains Flurbiprofen, a non-steroid anti-inflammatory drug (NSAID), indicated for use for osteoarthritis and tendinitis, particularly in the knee, elbow, or other joints that are amenable to topical treatment, not recommended for neuropathic pain. Baclofen is noted as not recommended, with no peer-reviewed literature to support the use of topical Baclofen. Topical Lidocaine is recommended only in the form of the Lidoderm patch. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Based on the MTUS guidelines, the request for Flurbiprofen-Baclofen-Lidocaine cream (20%5%4%) 180gm is not medically necessary.