

Case Number:	CM15-0130634		
Date Assigned:	07/17/2015	Date of Injury:	12/15/2011
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on December 15, 2011. Treatment to date has included physical therapy, medications, and compound topical medications. Currently, the injured worker complains of lumbar spine and bilateral shoulder pain. He rates his low back pain a 7 on a 10-point scale and notes that it radiates down the left leg. He reports associated foot numbness and weakness. He reports that his left shoulder pain is 6 on a 10-point scale and his right shoulder pain is 4 on a 10-point scale. His pain is relieved with rest and medications. He notes that Lodine will improve his pain from a 7 on a 10-point scale to a 4 on a 10-point scale. His pain is aggravated with weather changes and activities. On physical examination, the injured worker has tenderness to palpation over the bilateral paraspinal muscles of the lumbar spine. His lumbar range of motion is limited and elicits pain. The injured worker had a positive straight leg raise on the left side. He has limited range of motion of the bilateral shoulders. The injured worker has decreased strength and tenderness to palpation of the acromioclavicular joints bilaterally. The diagnoses associated with the request include near full- thickness and right shoulder rotator cuff tear, lumbar disc protrusion at L4-L5 and L5-S1, lumbar disc herniation with lower extremity radicular pain, and rule out worsening disc herniation. The treatment plan includes continued physical therapy to the bilateral shoulders, lumbar laminectomy and microdiscectomy, and Flurbiprofen-baclofen-lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent, Baclofen 5 Percent, Lidocaine 4 Percent, 180 Grams: 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 muscle relaxants such as Baclofen are not recommended due to lack of evidence. In addition, topical NSAIDs such as Flurbiprofen are indicated for arthritis and topical Lidocaine is indicated for diabetic neuropathy. In addition, the claimant was on topical Lidocaine an NSAID. There was no indication for a topical and oral NSAID. Since the compound above contains these topical medications and the claimant does not have the above diagnoses, the compound in question is not medically necessary.