

Case Number:	CM15-0130810		
Date Assigned:	07/17/2015	Date of Injury:	09/12/2013
Decision Date:	08/13/2015	UR Denial Date:	06/12/2015
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 34-year-old male, who sustained an industrial injury on September 12, 2013, incurring back injuries from a motor vehicle accident. He was diagnosed with cervical disc disease, cervical radiculopathy, and lumbar disc disease, lumbar radiculopathy, and lumbar spinal stenosis. Treatment included diagnostic imaging, Magnetic Resonance Imaging, computed tomography, physical therapy, pain medications, muscle relaxants and work restrictions. Currently, the injured worker complained of persistent pain in the neck and lower back rated a 9 on a 1 to 10 pain scale. The neck pain radiated down into the left arm. There was decreased range of motion and tenderness in the cervical and lumbar spine. The treatment plan that was requested for authorization included a prescription for compound cream.

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 Page(s): 111-113.

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 Lidocaine is approved for use with diabetic neuropathy. The claimant does not have this diagnosis. In addition, the claimant still required the oral Tylenol #3. Since the compound above contains these topical medications, the compound in question is not medically necessary.