

Case Number:	CM15-0133080		
Date Assigned:	07/21/2015	Date of Injury:	06/12/2012
Decision Date:	09/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 June 12, 2012. He reported pain in the low back and right lower extremity. The injured worker was diagnosed as having multilevel disc herniation of the lumbar spine per magnetic resonance imaging (MRI) on October 12, 2012, cervical musculoligamentous sprain/strain and right shoulder contusion/sprain, rule out internal derangement. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of continued right shoulder pain, lumbar pain with pain radiating down the right lower extremity. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on May 11, 2015, revealed continued pain. He rated his pain from 1-10 on a visual analog scale (VAS), with 10 being the worst pain at 8. Work continued to be modified. It was noted the urinary drug screen was consistent with expectations. He noted pain improved to a 6 using the VAS with the use of Flexeril. Topical gel was recommended. Evaluation on June 11, 2015, revealed continued pain as noted. He rated his pain using the VAS at 8. Straight leg test was positive in the right lower extremity and negative in the left lower extremity. Range of motion was limited in the lumbar spine. Compound Cream: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% - 180gm was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Flurbiprofen 20%, Baclofen 5%, Lidocaine 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 Analgesic Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Compound Cream: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% - 180gm in this injured worker, the records do not provide clinical evidence to support the request and is not medically necessary.