

Case Number:	CM15-0133405		
Date Assigned:	07/21/2015	Date of Injury:	10/30/2014
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina
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:

This is a 39-year-old female with an October 30, 2014 date of injury. A progress note dated April 27, 2015 documents subjective complaints (persistent pain in the lower back rated at a level of 9/10; left knee pain rated at a level of 7/10; right hip and ankle pain rated at a level of 9/10), objective findings (antalgic gait; decreased range of motion of the lumbar spine; tenderness over the lumbar paraspinals; positive Kemp's sign; positive straight leg raise on the right; decreased sensation and strength at L4 and L5 of the left lower extremity; slightly decreased range of motion of the left knee; positive varus and valgus stress tests; decreased quadriceps strength; positive McMurray's sign; slightly decreased range of motion of the right hip; tenderness over the right sacroiliac joint; slight swelling of the right ankles with tenderness to palpation; decreased range of motion of the right ankle; decreased strength with flexion and extension of the right ankle), and current diagnoses (lumbar strain, rule out disc herniation; history of previous lumbar spine injury, status post surgery; right hip contusion; right ankle sprain; left knee strain and contusion, rule out internal derangement; status post multiple trauma motor vehicle accident). Treatments to date have included physical therapy for the left knee that increases the pain, knee brace, use of a cane, medications, lumbar spine surgery, and imaging studies. The treating physician documented a plan of care that included Flurb/Bacl/Lido (20%/5%/4%) compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Bacl/Lido (20%/5%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (baclofen) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.