

Case Number:	CM15-0133992		
Date Assigned:	07/22/2015	Date of Injury:	02/21/2013
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
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: California, 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 2/21/2013. He reported multiple trauma injuries being struck by a metal shipping container including rib fracture, clavicle fracture, bilateral shoulder injuries, right elbow, liver laceration, pelvis fracture and possible T7 compression fracture. Diagnoses include right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fractures with lower extremity numbness, chronic cervical strain, rule out disc herniation, bilateral upper extremity numbness, rule out cervical radiculopathy, left shoulder rotator cuff syndrome, and lumbar disc herniation with radiculopathy. He has a history of bilateral hip replacement with revision due to a part being recalled, prior to the date of injury. Treatments to date include medication therapy, physical therapy, and cervical steroid injection. Currently, he had multiple complaints of ongoing pain in the neck, low back, bilateral shoulders, bilateral wrists, left knee and bilateral hips. On 5/20/15, the physical examination documented multiple areas of tenderness and positive diagnostic tests. The plan of care included a prescription for a topical compound cream including Flurbiprofen 20%/ Baclofen 5%/ Lidocaine 4%, apply thin layer two to three times daily, 190 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Baclofen 5% Lidocaine 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: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine their safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the requested compound contains Baclofen, which is specifically not recommended. In addition, the compound contains lidocaine, which is only recommended in the form of a lidocaine dermal patch. Therefore, this compounded product contains agents that are not recommended, so it is not recommended or medically necessary.