

Case Number:	CM15-0135059		
Date Assigned:	07/23/2015	Date of Injury:	10/26/1998
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male, who sustained an industrial injury on 10/26/1998. He reported low back pain from routine work activity. Diagnoses include lumbar strain, rule out lumbar disc herniation, and radiculopathy. Treatments to date include anti-inflammatory, narcotic, and physical therapy. Currently, he intermittent improving low back pain rated 3/10 VAS. Motrin was noted to bring pain from 6/10 VAS to 2/10 VAS, and Tramadol was noted to bring pain from 5-6/10 VAS to 1/10 VAS. On 6/12/15, the physical examination documented decreased range of motion and a positive straight leg raise test. There was decreased sensation to the right lower leg. The plan of care included a prescription for a compound cream (Flurbiprofen /Baclofen/Lidocaine 20%/5%/4%) 180 grams.

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 Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The 42 year old patient complains of lower back pain, rated at 3/10, radiating to right foot and toes, as per progress report dated 06/12/15. The request is for Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180gm. The RFA for the case is dated 06/29/15, and the patient's date of injury is 10/26/98. Diagnoses, as per progress report dated 06/12/15, included lumbar strain, r/o lumbar disc herniation, right lower extremity radicular pain, and right L5 radiculopathy. Medications included Tramadol and Motrin. The patient is working without restrictions, as per progress report dated 06/12/15. Regarding topical analgesics, MTUS guidelines on page 111, state that there is no evidence for use of any muscle relaxants such as Baclofen as a topical product. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the request for Flurbiprofen/Baclofen/Lidocaine cream is noted in progress report dated 06/12/15. As per the report, the topical formulation is being prescribed "in an attempt to increase function and decrease pain." However, there is no indication of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not support the use topical muscle relaxants such as Baclofen. Additionally, MTUS guidelines do not allow for any other formulation of Lidocaine other than topical patches. MTUS Guidelines also provide a clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since all the three components of this cream are not indicated by the guidelines, this request is not medically necessary.