

Case Number:	CM15-0135087		
Date Assigned:	07/23/2015	Date of Injury:	08/14/2014
Decision Date:	08/25/2015	UR Denial Date:	07/03/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 45 year old female, who sustained an industrial injury on 08-14-2014, reporting pain in neck, shoulders, hands and wrists bilaterally as well as low back muscle spasm in neck and back along with weakness, numbness and tingling in her hands. On provider visit dated 06-22-2015 the injured worker has reported cervical spine, lumbar spine and left knee pain. On examination of the cervical spine revealed mild paraspinal tenderness and capillary refill was noted to be less than two seconds. Gait was noted as normal and examination of the lower extremities and lumbar spine were normal and was also noted to have mild paraspinal tenderness. The diagnoses have included C5-6 bulging and stenotic disc, lumbar spine sprain-strain, and right elbow pain and right elbow cubital tunnel syndrome and right arm radiculopathy. Treatment to date has included chiropractic treatment, medication, heat and daily stretching. The provider requested prescription: Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm in attempt to increased function and decreased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription: Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Baclofen; Lidocaine, topical.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, Baclofen and Lidocaine are not recommended for use in a topical cream. The request for topical flurbiprofen/baclofen/lidocaine is not medically appropriate and necessary.