

Case Number:	CM15-0135094		
Date Assigned:	07/23/2015	Date of Injury:	05/07/2012
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
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: Arizona, California

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 42 year old female, who sustained an industrial injury on 5/7/12. The injured worker was diagnosed as having cervical spine sprain/strain, thoracic spine sprain/strain, and a 3mm disc herniation at L5-S1. Treatment to date has included physical therapy, massage, and medication. Currently, the injured worker complains of low back pain with radiation to the right leg rated as 6/10. The treating physician requested authorization for compound Flurbiprofen, Baclofen, Lidocaine cream 180g. The treating physician noted Flurbiprofen, Baclofen, Lidocaine cream is requested in attempt to wean the injured worker from Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen, Baclofen, Lidocaine cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. The claimant also had prior GI upset with NSAID use. The compound in question has a topical NSAID (Flurbiprofen) which can reach systemic levels similar to oral NSAIDs and cause similar GI symptoms. Since the compound above contains these medications, the compound in question is not medically necessary.