

Case Number:	CM15-0135487		
Date Assigned:	07/23/2015	Date of Injury:	08/21/2013
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old male who sustained an industrial injury on 08/21/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include lumbar spine, right shoulder, and bilateral knee pain. Current diagnoses include lumbar strain with radiation to the right lower extremity, slightly impaired gait secondary to lower back pain, right knee sprain/strain, and left knee posttraumatic osteoarthritis. In a progress note dated 12/22/14, the only note available in the submitted documentation, the treating provider reports the plan of care as medications including Norco, Motrin, and Prilosec, as well as physical therapy, Supartz injections to both knees, and Flurbiprofen/Lidocaine cream. The requested treatments include Flurbiprofen/baclofen/lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen2/Baclofen/Lidocaine cream (20%/5%/4%) 180mg: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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". MTUS states that topical Baclofen is "Not recommended". As such, the request for Flurbiprofen2/Baclofen/Lidocaine cream (20%/5%/4%) 180mg is not medically necessary.