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| Case Number: | CM15-0136548 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 10/09/2013 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/12/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female who sustained an industrial injury on 10-9-13. Diagnoses are bilateral shoulder pain status post surgeries, status post left lateral epicondylectomy dated 3-4-15 and right elbow lateral epicondylitis. In a progress report dated 5-7-15, a treating physician notes bilateral shoulder, bilateral elbow, bilateral hand and bilateral upper extremity pain as well as issues related to the gastrointestinal system. She describes significant left elbow pain. She had a left epicondylectomy performed 10 days prior. Pain of the left elbow is rated at 7-8 out of 10 and the right elbow at 7-8 out of 10 due to increased motion because of the severe disability of the left elbow. Shoulder pain is rated at 5 out of 10 on the left and right is 6 out of 10, frequent and worsened. Her left hand is at 9 and right hand is at 7 and associated with numbness and tingling. She takes Norco 4 tablets a day for pain as needed and Xanax 3 tablets a day and reports her pain level improves from 9 out of 10 to 7. She has completed 1 physical therapy session so far for the right shoulder. Exam of the right elbow reveals tenderness and Cozen's test was positive. Exam of the right wrist reveals decreased range of motion. In a progress report dated 5-27-15, the physician notes in the treatment plan a request for Flurbiprofen-Baclofen-Lidocaine Cream (20% 5% 4%) 180 grams in an attempt to increase function and decrease pain. Work status is to remain off work until 9/1/15. The requested treatment is Flurbiprofen-Baclofen-Lidocaine Cream (20%, 5%, 4%) 180 grams, quantity of one.

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, Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in October 2013 and underwent a left lateral epicondylectomy in March 2015. When seen, she was having persistent bilateral shoulder, hand, and elbow pain. She was receiving physical therapy for her left elbow and right shoulder. Physical examination findings included decreased shoulder range of motion with a painful arc and acromioclavicular joint tenderness. There was decreased strength. There was lateral epicondyle tenderness with decreased left upper extremity sensation. There was decreased grip strength. There was a positive Tinel's sign over the right cubital tunnel. Medications were refilled including Norco and Xanax and a topical compounded cream was prescribed. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.