

Case Number:	CM15-0136709		
Date Assigned:	08/19/2015	Date of Injury:	08/21/2013
Decision Date:	09/16/2015	UR Denial Date:	07/01/2015
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: 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 47 year-old male who sustained an industrial injury on 08-21-13. Initial diagnoses and treatments are not available. Current diagnoses include cervical strain, lumbar strain, and partial rotator cuff tear of the right shoulder, right elbow injury, right ankle sprain-strain, and chronic T6 denervation. Diagnostic testing and treatment to date has included MRI, EMG-NCV, physical therapy, and symptomatic medication management. Currently, the injured worker complains of persistent neck pain that radiates down both arms with numbness and tingling. In a progress note dated 05-26-15, the treating provider reports the injured worker does not want to take anything stronger than anti-inflammatory medication. Requested treatments include one prescription for Flurbiprofen/Baclofen/Lidocain cream (20%/5%/4%) 180 gm. The injured worker is under temporary total disability. Date of Utilization Review: 07-01-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Flurbiprofen/Baclofen/Lidocain cream (20%/5%/4%) 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) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and Lidocaine medications for this chronic injury without improved functional outcomes attributable to their use. The One prescription for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm is not medically necessary.