

Case Number:	CM15-0136712		
Date Assigned:	07/24/2015	Date of Injury:	08/23/2013
Decision Date:	09/28/2015	UR Denial Date:	06/26/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 50 year old male who sustained an industrial injury on 08/23/2013. He reported neck pain and left shoulder pain that occurred as a result of a motor vehicle accident. Treatment to date has included medications, therapy, acupuncture, chiropractic care and cortisone injections to the left shoulder. According to a progress report dated 05/21/2015, chief complaints included cervical spine, lumbar spine and left shoulder pain. Cervical spine pain was rated 5 on a scale of 1-10 and was intermittent and worsened with radiation of pain in to the left shoulder. Lumbar spine pain was rated 7 and was constant and worsened. Left shoulder pain was rated 6 and was intermittent and worsened. He had completed 7 out of 12 sessions of chiropractic care for the cervical spine, left shoulder and lumbar spine, which was helpful. Norco improved pain from 6-7 to 2-3. Diagnoses included C6-7, 4-millimeter disc herniation as well as 3 millimeter disc herniation at L4-L5 and C7-T1, thoracic sprain/strain and lumbar disc herniation at L5-S1 level. The treatment plan included a follow up with pain management and Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 grams, apply a thin layer 2-3 times per day or as directed. Currently under review is the request for Flurbiprofen/Baclofen/lidocaine cream (20%, 5%, 4%) 180 grams. Progress notes from 01/22/2015 state that topical creams were requested for authorization due to nonsteroidal anti-inflammatory drugs causing gastrointestinal upset.

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%) 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Per MTUS with regard to Flurbiprofen (p 112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS p 113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Regarding topical lidocaine, MTUS states (p 112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)" Regarding the use of multiple medications, MTUS p 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As baclofen is not recommended, the compound is not medically necessary.