

Case Number:	CM15-0139152		
Date Assigned:	07/29/2015	Date of Injury:	11/04/2013
Decision Date:	09/22/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 47 year old female, who sustained an industrial injury on 11-4-2013. She reported palpitations throughout the body, shortness of breath, tingling in forearm and hands. The injured worker was diagnosed as having chronic cervical strain, rule out disc herniation of cervical spine, psychiatric issues, biceps tendinosis, supraspinatus recurrent or residual tendinosis, and cervical spine degenerative changes. Treatment to date has included medications, and physical therapy. The request is for Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%) 180 gm. On 3-17-2015, she reported neck pain and right shoulder pain with radiation down the right arm to the hand and associated numbness and tingling. She rated her pain 5 out of 10. She takes over the counter Tylenol and reported that it takes her pain down from 5 out of 10 to a 2-3 out of 10. The treatment plan included: physical therapy, electrodiagnostic studies, and Flurbiprofen-lidocaine cream. She is working full duty. On 4-29-2015, she reported neck and right shoulder pain. She rated her pain 4 out of 10 for the neck, and 4-5 out of 10 for the right shoulder. She has completed 1 out of 8 physical therapy sessions. The treatment plan included: Flurbiprofen-Cyclobenzaprine-Menthol cream. On 6-2-2015, she reported cervical spine and right shoulder pain. She rated her pain 5 out of 10, and they are about the same. She indicated pain is made better with rest. She only takes over the counter medication for pain. She is currently working full duty. The treatment plan included: Flurbiprofen-Baclofen-Lidocaine cream, psychiatry and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/BaclofenLidocaine cream (20%/5%/4%): 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: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Flurbiprofen/BaclofenLidocaine cream (20%/5%/4%) in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is not medically necessary.