

Case Number:	CM15-0139790		
Date Assigned:	07/29/2015	Date of Injury:	03/12/2010
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This injured worker is a 54 year old female who reported an industrial injury on 3-12-2010. Her diagnoses, and or impression, were noted to include: right knee strain, rule-out meniscal tear; right shoulder rotator cuff syndrome, rule-out tear; chronic cervical and lumbar strain; bilateral upper extremity numbness, rule-out peripheral nerve entrapment; right elbow pain, rule-out internal derangement; partial tear of the supraspinatus and biceps tendons, tendinosis and degenerative changes of the acromioclavicular joint; and pathology of chondromalacia. No current imaging studies were noted. Her treatments were noted to include physical therapy; an agreed medical evaluation in May 2015; diagnostic electromyogram and nerve conduction velocity studies; medication management; and modified work duties. The progress notes of 6-15-2015 reported persistent, moderate pain in the lumbar spine, right shoulder, right elbow, right hand and bilateral knees. Objective findings were noted to include no acute distress; tenderness to the bilateral trapezius muscles and decreased range-of-motion in the cervical spine with positive cervical compression and Spurling's tests on the right; tenderness to the para-spinals of the lumbar spine, decreased lumbar range-of-motion, positive bilateral straight leg raise, and decreased bilateral lumbosacral strength; positive right shoulder impingement, Neer's and Hawkins impingement signs with decreased range-of-motion; decreased range-of-motion and strength in the right elbow; tenderness over the right wrist and small finger with decreased range-of-motion; and tenderness over the right knee that was crepitus, decreased range-of-motion and strength. The physician's requests for treatments were noted to include a compound cream because the injured worker does not like to take any strong pain medication and suffers gastrointestinal upset from over the counter non-steroidal anti-inflammatories.

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 apply a thin layer 2-3 times per day or as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in March 2010 and continues to be treated for low back, right upper extremity, and bilateral knee pain. Her past medical history includes borderline diabetes. When seen, she was concerned about medication adverse side effects and becoming dependent on stronger medications. Physical examination findings included decreased cervical and lumbar spine range of motion with lumbar paraspinal muscle tenderness. There was decreased right upper extremity range of motion affecting the shoulder, elbow, and wrist and decreased strength. Shoulder impingement testing was positive. There was knee joint tenderness and crepitus with range of motion. There was decreased lower extremity strength and sensation. 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.