

Case Number:	CM15-0140908		
Date Assigned:	08/13/2015	Date of Injury:	05/13/2013
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 28 year old female, who sustained an industrial injury on 5-13-2013. She reported pain in her low back, neck and left shoulder. Diagnoses have included cervical and lumbar musculoligamentous sprain-strain, left shoulder rotator cuff syndrome and left wrist strain, DeQuervain's tenosynovitis. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 4-29-2015, the injured worker complained of persistent pain in her neck rated six out of ten. She complained of low back pain rated eight out of ten, radiating to both legs. She complained of left shoulder pain rated six out of ten and left hand pain rated eight out of ten. She reported that Norco brought her pain down from nine out of ten to six out of ten. Her medications allowed her to continue working with restrictions. Physical exam revealed tenderness to palpation of the cervical and lumbar spines. There was tenderness to palpation of the left shoulder. Authorization was requested for Flurbiprofen/Baclofen/Lidocaine cream (20 percent/5percent/4 percent) 180gm #1.

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 percent/5percent/4 percent) 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs, specific drug list & adverse effects Page(s): 72, 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Baclofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Flurbiprofen/Baclofen/Lidocaine cream (20 percent/5percent/4 percent) 180gm #1 is not medically necessary.