

Case Number:	CM15-0143651		
Date Assigned:	08/05/2015	Date of Injury:	07/26/2013
Decision Date:	09/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old female, with a reported date of injury of 07-26-2013. The diagnoses include bilateral cervical facet syndrome, cervical spondylosis without myelopathy, mechanical neck pain and headaches, left C6 radiculopathy, cervical spine degenerative disc disease, cervical spine retrolisthesis, and myofascial strain of the cervical spine. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included an MRI of the lumbar spine on 03-10-2015 which showed normal lordosis, mild to moderate facet hypertrophy at L1 to L2, mild to moderate bilateral facet hypertrophy at L2 to L3, L3 to L4, L4 to L5, and L5 to S1, mild to moderate diffuse disc bulges centered in the left neural foramen at L5 to S1, minimal right neural foraminal stenosis at L5 to S1, and mild to moderate left neural foraminal stenosis at L5 to S1; an MRI of the cervical spine on 07-25-2014 which showed disrupted cervical lordosis with minimal scoliosis, disc desiccation and mild loss of disc height at C6 to C7, disc bulge and ridging osteophytes at C6 to C7, moderate left foraminal stenosis, mild to moderate spinal canal stenosis, and mild to moderate right foraminal stenosis; and an MRI of the cervical spine in 09-2013. Per the medical report dated 08-13-2014, the injured worker had electrodiagnostic studies of the bilateral upper extremities on 08-05-2014 which showed bilateral moderate carpal tunnel syndrome and left chronic C7 radiculopathy. The progress report dated 06-08-2015 indicates that the injured worker had persistent pain in her neck, which she rated 7 out of 10. The pain was consistent with worsening episodes of migraine headaches two to three times a month, which was debilitating. The neck pain radiated to the lumbar spine. The injured worker rated her low back pain 8 out of 10. She also complained of pain in her bilateral hands,

which she rated 5 out of 10 on the left and 3 out of 10 on the right. The objective findings include no acute distress, decreased cervical range of motion, tenderness over the cervical paraspinal muscles and midline, hypertonicity over the trapezius muscle on the left, tenderness to the sub-occipital region, decreased strength and sensation bilaterally, positive Spurling's, positive cervical compression, tenderness over the sub-occipital region, decreased lumbar range of motion, tenderness to the bilateral lumbar paraspinal muscles, positive Kemp's sign, tenderness to the coccyx region, and decreased strength on the left at L4 to L5. The treatment plan included the prescription of Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% cream 180 grams in an attempt to control the injured worker's pain and allow her to take fewer Norco as she could not be weaned from oral non-steroidal anti-inflammatory medications (NSAIDs) due to gastrointestinal upset due to prolonged NSAID use in the past. The injured worker was directed to apply a thin layer 2 to 3 times per day or as directed. The injured worker's current work status was documented as on temporary total disability. She was instructed to remain off work until 07-09-2015. The treating physician requested Flurbiprofen, Baclofen, Lidocaine cream 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Baclofen, Lidocaine cream 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. FDA Compounded topical anesthetics creams.

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

Decision rationale: The injured worker sustained a work related injury on 07-26-2013. The medical records provided indicate the diagnosis of bilateral cervical facet syndrome, cervical spondylosis without myelopathy, mechanical neck pain and headaches, left C6 radiculopathy, cervical spine degenerative disc disease, cervical spine retrolisthesis, and myofascial strain of the cervical spine. Treatment have included oral medications. The medical records provided for review do not indicate a medical necessity for Flurbiprofen, Baclofen, Lidocaine cream 180gm. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary since all the agents are not recommended (though Lidocaine is recommended, it is only recommended as the 5% Lidocaine in Lidoderm patch).