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| Case Number: | CM15-0143804 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 10/23/2013 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 07/08/2015 |
| 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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old female who sustained an industrial injury on 10-23-2013. She slipped on a wet floor while working. She reports neck pain a 9 out of 10, left shoulder pain a 9 out of 10, left hip a 9 out of 10, and low back a 9 out 10. Diagnosis included left shoulder impingement syndrome, acromioclavicular joint arthrosis, cervical spine disc protrusion with possible radiculopathy, lumbar spine strain, and left hip sprain strain. Treatment has included medical imaging, medications, physical therapy, and TENS. Cervical spine revealed decreased range of motion. Cervical compression test was positive on the left. There was decreased strength and sensation 4 out 5 at C5 and C6 on the left. The left shoulder revealed decreased range of motion. Neer's and Hawkin's impingement test were positive with severe tenderness. The lumbar spine revealed tenderness to the paraspinal, left greater than right. The left hip revealed tenderness to the left iliac crest. Patrick's sign was positive. The treatment plan included EMG, MRI, follow up, and topical cream. The treatment request included Flurbiprofen-Baclofen-Lidocaine cream.

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: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended. Topical muscle relaxants Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on topical analgesics for several months. The claimant does not have the above diagnosis. Since the compound above contains these topical medications, the compound in question is not medically necessary.