

Case Number:	CM15-0143931		
Date Assigned:	08/04/2015	Date of Injury:	07/29/2010
Decision Date:	09/09/2015	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 7-29-2010. She was injured during a fall to the ground. She also experiences pain from repetitive upper extremity motions and task during work. She has reported left shoulder pain a 1 out of 10, lower back pain 6 out of 10, right leg pain 3 out of 10, right shoulder pain 1 out of 10, and neck pain 5 out of 10. Diagnoses include neck pain. Cervical spine disc disease, cervical sprain strain, thoracic sprain strain, thoracic pain, low back pain, rupture of herniation of lumbar disc, lumbar sprain strain, lumbar disc bulge with radiculitis, sprain strain (wrist, hands, fingers), sprain strain of knee or leg, carpal tunnel syndrome (right worse than left), and shoulder rotator cuff tears, bilaterally. Treatment has included injections and acupuncture. There was decreased range of motion to the cervical spine, lumbar spine, left shoulder, right shoulder, and left hip. The treatment plan included acupuncture, physiotherapy, and a surgical spine consultation. The treatment request included topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20% Baclofen 2% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.0375% Hyaluronic Acid 0.20%) 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents on 05/27/15 with left shoulder pain rated 1/10, lower back pain rated 6/10 which radiates into the right lower extremity, right shoulder pain rated 3/10, neck pain rated 5/10, and unrated right wrist pain. The patient's date of injury is 07/29/10. Patient is status post lumbar ESI in February 2014 and April 2015. The request is for FCL (FLURBIPROFEN 20% BACLOFEN 2% DEXAMETHASONE 2% MENTHOL 2% CAPSAICIN 0.0375% HYALURONIC ACID 0.20%) 180 GMS. The RFA is dated 05/27/15. Physical examination dated 05/27/15 reveals decreased range of motion in the cervical spine, lumbar spine, left shoulder, right shoulder and left hip. The patient's current medication regimen was not provided. Diagnostic imaging findings include undated left shoulder MRI, showing: "Supraspinatus and infraspinatus tendinosis. Mild posterior displacement of the humeral head. Glenohumeral joint effusion." Undated right shoulder MRI findings were also included, showing: "Supraspinatus and infraspinatus interstitial partial-thickness tearing and tendinosis. Acromioclavicular DJD which causes impingement on the supraspinatus." Undated lumbar MRI findings were also included, showing: "L5-S1 grade 1 retrolisthesis of L5 measuring 4mm in neutral, flexion, extension." Patient is currently classified as temporarily totally disabled. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required... Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In regard to the request for a compounded cream containing Flurbiprofen, Baclofen, Dexamethasone, Menthol, Capsaicin, and Hyaluronic acid; the requested cream contains ingredients which are not supported by guidelines as topical agents. Muscle relaxants such as Baclofen are not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.