

Case Number:	CM15-0145849		
Date Assigned:	08/06/2015	Date of Injury:	01/26/2006
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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:

The injured worker is a 46 year old male who sustained an industrial injury on 1-26-06. He had complaints of mid back pain. He was put on work restrictions and started physical therapy. He had multiple injuries after 1-16-06 that involved his whole back and neck. Treatments include: medication, physical therapy, injections and surgery. Progress report dated 6-17-15 reports continued complaints of neck and back pain. The neck pain is constant and is rated 6-7 out of 10. The back pain is constant and radiates to the thoracic spine, lumbar spine and legs with weakness, numbness and tingling. The pain is made better with medication and rest. Lyrica reduces the abnormal sensations of tingling and numbness. Without Lyrica he has severe reactions and it cannot be stopped abruptly. With medications his pain is reduced from 9 out of 10 to 6 out of 10. Diagnoses include: lumbar disc herniation with multilevel bulging and lower extremity radicular pain, chronic cervical strain, bilateral shoulder rotator cuff syndrome, bilateral knee strain, bilateral knee patellofemoral syndrome, history of cervical cord injury with temporary paralysis, bilateral ankle and foot pain, four level lumbar spine fusion from L3 through S1, sleep and psych issues, high blood pressure, internal medicine issues and neurological issues and history of deep vein thrombosis. Plan of care includes: obtain report from 6-9-15, attend follow up scheduled on 7-6-15, pending consultation for lumbar spine, obtain supplemental report authorized medical evaluations from 12-22-14 and request for flurobiprofen 20%, baclofen 5%, lidocaine 4% cream 180 gm apply thin layer 2-3 times per day and written prescriptions given for Lyrica and ibuprofen. Work status: work with restrictions no climbing, bending, or twisting; lifting limited to 10 pounds, no squatting or kneeling; standing or walking for 15 minutes per hour; no traffic control and should work at his own pace with self limitations. Follow up in 3-4 weeks.

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 Medications; Flurbiprofen; Baclofen, topical; Lidocaine, topical.

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 has a remote history of a work-related injury in January 2006 and is being treated for chronic radiating neck and radiating low back pain. When seen, medications included Lyrica and ibuprofen with decreased pain from 9-10/10 to 6-7/10. There was a BMI of 28. There was cervical and lumbar tenderness with increased muscle tone. Cervical compression, Spurling's, and straight leg raising were positive. 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. Additionally, oral ibuprofen is being prescribed and prescribing another NSAID medication is duplicative. 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 would be difficult or impossible to determine whether any derived benefit was 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.