

Case Number:	CM15-0163312		
Date Assigned:	08/31/2015	Date of Injury:	09/27/2003
Decision Date:	10/05/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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 44 year old male, who sustained an industrial injury on 9-27-2003. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic musculoligamentous sprain-strain, lumbar disc annular tear, anterior cervical discectomy and fusion, left shoulder labral tear, left shoulder subacromial impingement, right shoulder arthroscopic surgery, left knee arthroscopic surgery, lumbar 4-sacral 1 annular tear and gastropathy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-16-2015, the injured worker complains of low back pain rated 8 out of 10, right knee pain rated 4 out of 10, left knee pain rated 6 out of 10 and cervical spine pain rated 7-8 out of 10. Physical examination showed tenderness to the cervical and lumbar spine and bilateral knees. The treating physician is requesting Flurbi-Baclo-Lidocaine Cream 180 Gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Baclo/Lidocaine Cream 180 Gram: 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): 111-113.

Decision rationale: The patient presents with pain in the cervical spine, lumbar spine and bilateral knees. The request is for FLURBI/BACLO/LIDOCAINE CREAM 180GM. Physical examination to the cervical and the lumbar spine on 07/17/15 revealed tenderness to palpation. Per Request For Authorization Form dated 07/27/15, patient's diagnosis include chronic cervical musculologamentous sprain/strain with 3 mm herniation per MRI study, lumbar disc annular tear, anterior cervical fusion decompression of the cervical spine, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall injury to the right shoulder on January 20,2011, right shoulder arthroscopic subacromial decompression, status post left knee arthroscopic surgery with medial meniscal repair, September 2003 with residual chondromalacia patella and osteoarthritis, L4-L5 and L5-S1 annular tear with 2 to 3 mm disc protrusion per MRI study os December 19, 2013, and gasropathy secondary to medication intake. Patient's medications, per 07/09/15 progress report include Norco. Patient's work status is regular duties. MTUS Guidelines, pages 111-113, Topical Analgesics section, has the following: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The treater does not discuss this medication. A prescription for the requested topical cream first appears in progress report dated 06/17/15. Review of the medical records provided did not indicate a prior use and it appears the treater is initiating this medication. In this case, the requested topical contains Baclofen and Lidocaine, which are not supported for topical use by the guidelines. MTUS p111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. Therefore, the request IS NOT medically necessary.