MAXIMUS Federal Services

Case Number:	CM15-0165234		
Date Assigned:	09/02/2015	Date of Injury:	05/04/2007
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 45 year old male, who sustained an industrial injury on 5-4-2007. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical-thoracic-lumbosacral musculoligamentous sprain/strain with lumbosacral radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included 3 lumbar spine surgeries, therapy and medication management. In a progress note dated 6-29-2015, the injured worker complains of pain in the neck rated 8 out of 10, pain in the mid-upper back rated 7 out of 10 and pain in the lower back rated 9 out of 10. Physical examination showed cervical-thoracic-lumbar paraspinal tenderness with restricted cervical range of motion. The treating physician is requesting Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Topical Salicylates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2007 and continues to be treated for pain throughout the spine. When seen, pain was rated at 7-9/10. Physical examination findings included tenderness and muscle spasms throughout the spine with decreased cervical range of motion. Cervical compression testing and straight leg raising were positive. There were lumbar trigger points. Tylenol #4, Flexeril, Estazolam, Nexium, and topical compounded cream were prescribed. 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. 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. Oral Flexeril, another muscle relaxant, is being prescribed and prescribing a topical muscle relaxant would be duplicative. This medication was not medically necessary.