

Case Number:	CM15-0166307		
Date Assigned:	09/04/2015	Date of Injury:	06/24/2013
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
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 38 year old male, who sustained an industrial injury on 6-24-2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical spine discopathy, thoracic spine discopathy, and head contusion. Treatments to date include activity modification, medication therapy, chiropractic therapy, physical therapy, and shockwave therapy. Currently, he complained of pain in the neck and low back with weekly headaches. On 7-11-15, the physical examination documented tenderness in cervical and thoracic regions and trapezius muscles. There was positive Kemp, straight leg raise, and Patrick-Fabere's tests noted. The appeal requested authorization for Panthenol-Dexamethasone-Baclofen-Flurbiprofen topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panthenol/Dexamethasone/Baclofen/Flurbiprofen dispensed on 1/5/15: Upheld

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

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 sustained a work-related injury in June 2013 and is being treated for neck pain, low back pain, and headaches. The claimant has cervical and lumbar spondylosis. Electrodiagnostic testing in June 2014 was normal. Treatments have included medications and physical therapy. He has a normal BMI. When seen, there was cervical and lumbar tenderness with decreased range of motion. Topical compounded cream is being requested. This request is for a compounded topical medication with components including baclofen, dexamethasone, and Flurbiprofen. 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 with generic availability that could be considered. Additionally, two topical anti-inflammatory medications are included in this product which is duplicative. This medication was not medically necessary.