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| Case Number: | CM15-0183320 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 07/16/2004 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 67 year old male who sustained an industrial injury on 7-16-04. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported right knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar discopathy and left knee internal derangement. Medical records dated 8-6-15 indicate right hand pain rated at 6 out of 10, bilateral knee pain rated at 6 to 7 out of 10, low back pain rated at 8 out of 10 and right foot pain rated at 7 out of 10. Provider documentation dated 6-26-15 noted the work status as temporary totally disabled. Treatment has included Tylenol with Codeine since at least May of 2015, Ibuprofen since at least May of 2015, topical analgesics since at least August of 2015 and status post right total knee arthroplasty. Objective findings dated 8-6-15 were notable for bilateral knee with joint line tenderness, lumbar spine with tenders at the thoracolumbar spine to the base of pelvis and decreased range of motion. The original utilization review (8-17-15) denied a request for Flurbiprofen, Baclofen, Dexamethasone, and Cyclobenzaprine 20-10-2-2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Dexamethasone/Cyclobenzaprine 20/10/2/2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 requested medication contains ingredients (baclofen) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.