

Case Number:	CM15-0185554		
Date Assigned:	09/25/2015	Date of Injury:	02/28/2014
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania

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 48 year old female who sustained an industrial injury on 02/28/2014. The injured worker was diagnosed with right lateral epicondylitis and rule out common extensor tendon tear. According to the treating physician's progress report on 08-14-2015, the injured worker continues to experience persistent pain in the right elbow with radiation to the right hand rated at 5-6 out of 10 on the pain scale and decreased to 2-3 with Ibuprofen. The injured worker reported pain with full extension and weakness in the right arm with bending and lifting. Objective findings demonstrated tenderness to palpation of the lateral epicondyle, positive Cozen's test and decreased range of motion. Prior treatments include diagnostic testing, physical therapy, cortisone injections and medications. Current medication was noted as Ibuprofen. Treatment plan consists of right elbow magnetic resonance imaging (MRI), return with modified duties if available and the current request for authorization on 08-28-2015 for 1 prescription of Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%) 180gm. On 09-02-2015, the Utilization Review determined the request for 1 prescription of Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%) 180gm was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS, topical NSAID's such as Flurbiprofen are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. Baclofen is a muscle relaxant. There is no evidence for use of muscle relaxants as a topical product. Topical lidocaine is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." The MTUS also states "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." However, the only formulation of lidocaine that is indicated for neuropathic pain is the patch. Creams, lotions or gels are not indicated for neuropathic pain and are only indicated as local anesthetics and anti-pruritics. In this case, topical Baclofen and lidocaine cream are clearly not medically necessary or appropriate. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.