

Case Number:	CM15-0187551		
Date Assigned:	09/29/2015	Date of Injury:	04/18/2002
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, California
 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:

This is a 55 year old female patient who sustained an industrial injury on 04-18-2002. The diagnoses include lumbar musculoligamentous sprain and strain with moderate disc protrusion and flare-up, right knee arthritis and gait dysfunction secondary to pes planus. According to the treating physician's progress report on 08-24-2015, she had complaints of unchanged low back pain rated at 8 out of 10, right knee pain rated at 6 out of 10 with slight worsening and left knee pain rated at 8 out of 10 on the pain scale due to compensatory factors. The physical examination revealed decreased range of motion of the lumbar spine with positive straight leg raise on the right at 60 degrees; the right knee-palpable tenderness over the medial portion of the knee with crepitus and decreased range of motion. The medications list includes motrin with slight gastrointestinal upset. The patient reported taking Motrin reducing her pain from a level of 8 to 5 allowing her to ambulate for 30 minutes as opposed to 20 minutes without stopping. Prior treatments have included diagnostic testing, Supartz injection series (5) to the right knee, physical therapy and medications. The patient is currently working. Treatment plan consists of pending bilateral custom orthotics and on 09-09-2015, the provider requested authorization for Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% cream, 180gm. On 09-21-2015, the Utilization Review determined the request for Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% cream, Qty: 180gm was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol 4% cream, Quantity: 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: Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol 4% cream, Quantity: 180gm. This is a request for topical compound medication. Flurbiprofen is a NSAID and Baclofen is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants). (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. Topical NSAIDs; There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical baclofen. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Failure of anti-depressants and anti-convulsants for this injury is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol 4% cream, Quantity: 180gm is not medically necessary for this patient.