

Case Number:	CM15-0189909		
Date Assigned:	10/02/2015	Date of Injury:	12/31/1992
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 12-31-92. The injured worker was diagnosed as having total body pain, bilateral sprain and strain of the knees, bilateral ankle and foot sprain and strain, status post 4-5 right ankle surgeries with ligament reconstruction, chronic pain syndrome, prescription narcotic dependence, lumbar radiculopathy, cervical sprain and strain, myofascial syndrome, tension headaches, bilateral sprain and strain of the shoulders and upper arms, and bilateral sprain and strain of the wrists and hands. Treatment to date has included use of a knee brace, use of a cane, a pain pump trial, psychiatric care, and medication including Demerol and Xanax. On 7-6-15, pain was rated as 9 of 10 without medication and 3 of 10 with medication. On 7-6-15, the injured worker complained of pain in the neck, low back, bilateral knees, shoulders, and hips. The treating physician requested authorization for Flurbiprofen 20%-Baclofen 10%-Dexamethasone 0.2%-Hyaluronic acid 0.2% 240g. On 9-8-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 0.2%/Hyaluronic acid 0.2% 240g:
 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 guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. Since the compound in question contains medications that are not supported by evidence and the claimant does not have arthritis, the request for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 0.2%/Hyaluronic acid 0.2% 240g is not medically necessary.