

Case Number:	CM15-0190422		
Date Assigned:	10/02/2015	Date of Injury:	06/11/2015
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
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: 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 46 year old female, who sustained an industrial injury on 6-11-15. The injured worker was diagnosed as having lumbar sprain-strain; hip sprain-strain; exacerbation of a pre-existing condition of right hip avascular necrosis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right hip (8-5-15). Currently, the PR-2 notes dated 8-20-15 indicated the injured worker complains of hip pain and low back pain. She has a pre-existing condition of right hip avascular necrosis that may have been caused by steroid injections. Her industrial injury of 6-11-15 was the result of a trip and fall into a hole in the floor falling hard to the floor and exacerbating the right hip as well as back. The provider documents "Pertinent physical examination-objective findings: lumbar spine - flexion 50, extension 15, ESP 20, LSP 20, decreased sensation right lower extremity positive straight leg raise right, tender to palpation paraspinals bilateral Spam (+), 9+ Kemps test bilateral, motor 4 out of 5 hamstring, deep tendon reflexes +2 bilateral lower extremities; gait slow guarded limp left lower extremity." He lists her medications at this time: Diclofenac, Pantoprazole, and tramadol, Zolpidem, Norco and Alprazolam. His treatment plan included an orthopedic consult and MRI of the left foot. There was a MRI right hip dated 8-5-15 done with an impression revealing "1) There is bilateral femoral head avascular necrosis. There is marrow edema within the femoral heads, right greater than left. This is acute versus subacute avascular necrosis, as detailed above. 2) There is no hip fracture or subluxation. 3) Small right hip joint effusion." The provider has also requested topical creams. A Request for Authorization is dated 9-28-15. A Utilization Review letter is dated 8-28-15 and non-certification was for Compound: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream

base 30 gms. A request for authorization has been received for Compound: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 30 gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 30 gms: 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: The claimant sustained a work injury in June 2015 and is being treated for right hip and groin pain after tripping on a hole in a floor. She has bilateral hip avascular necrosis with an MRI in August 2015 showing findings of bilateral, right greater than left marrow edema. Hip surgery is being recommended. When seen, she was having hip and low back pain. Physical examination findings included lumbar tenderness and spasm with decreased range of motion and positive right straight leg raising and Kemp's testing. There was a slow and guarded gait with a limp. Diclofenac, Pantoprazole, Zolpidem, Lorazepam, Norco, and topical compounded cream was prescribed. 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. Dexamethasone is also a component and including two anti-inflammatory medications is duplicative. 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 that could be considered. Oral diclofenac is also being prescribed which is duplicative. This medication is not medically necessary.