

Case Number:	CM15-0191100		
Date Assigned:	10/05/2015	Date of Injury:	11/24/2014
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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 36 year old female who sustained an industrial injury on 11-24-2014. A review of the medical records indicated that the injured worker is undergoing treatment for blunt head trauma without loss of consciousness, cervical and lumbar spine disc bulges and headaches. According to the treating physician's progress report on 08-21-2015, the injured worker continues to experience neck pain radiating to both arms and low back pain radiating to both legs rated at 8 out of 10 on the pain scale. The injured worker also reported daily headaches with fatigue, dizziness and confusion. Examination demonstrated normal pupillary response and normal affect. Cervical spine examination demonstrated tenderness to the suboccipital region with loss of range of motion. Cervical compression test was positive on the right with radiating pain into the upper extremities. Examination of the lumbar spine noted loss of range of motion with positive straight leg raise bilaterally with radiation into the posterior thigh. Bilateral shoulders noted loss of range of motion. Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies performed on 06-09-2015 were reported as normal. Prior treatments have included diagnostic testing, pain management, neurology evaluation in 06-2015, rest and medications. Current medications were listed as Tramadol, Gabapentin, Naprosyn and Methocarbamol. Treatment plan consists of neurology and pain management follow-up, urine drug screening and the current request for Flurbiprofen 20%-Baclofen5%-Lidocaine4%-Menthol Cream 4% 180 gram. On 09-15-2015 the Utilization Review determined the request for Flurbiprofen 20%-Baclofen5%-Lidocaine4%-Menthol Cream 4% 180 gram 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/Baclofen/Lidocaine/Menthol Cream (20 Percent/5 Percent/4 Percent/4 Percent) 180 Gram: 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): Salicylate topicals, Topical Analgesics.

Decision rationale: 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. There is no indication this worker has osteoarthritis or tendinitis. 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." In this case, the topical lidocaine is being prescribed for radiculopathy which is neuropathic pain of central origin (at the nerve root) and not peripheral. Therefore, topical lidocaine cannot be considered medically necessary in this case even though the pain may be considered neuropathic. There is no indication from the record that this worker has peripheral neuropathic pain. Menthol is not specifically listed in the MTUS but is a product in BenGay that is specifically discussed under topical salicylates and is recommended. However a compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore this compounded product is not medically necessary.