

Case Number:	CM15-0191514		
Date Assigned:	10/05/2015	Date of Injury:	09/30/2013
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 53 year old male, who sustained an industrial injury on 9-30-13. The documentation on 8-25-15 noted that the injured worker has complaints of persistent pain in the lower back that radiates down into his right leg with weakness and numbness down to the foot. The injured worker rates his pain as 7 out of 10 on a pain scale and frequent. Examination of the lumbar spine revealed loss of range of motion and straight leg raise test was positive on the right at 60 degrees with radiation of pain into the anterior and lateral thigh as well as over the anterior knee. There was decreased strength and sensation 4 out of 5 at L5 on the right. The diagnoses have included sprain of lumbar; thoracic or lumbosacral neuritis or radiculitis, unspecified; displacement of lumbar intervertebral disc without myelopathy and sprains and strains of unspecified site of hip and thigh. Treatment to date has included tylenol #3 two or three a day that helps his pain from 8 down to 4 on a pain scale. The request was for flurbiprofen-baclofen-lidocaine-menthol cream 20%-5%-4%-4% 180gm #1 in an attempt to wean the injured worker from the tylenol #3 and in attempt to increase function and decrease pain. The documentation noted that the injured worker cannot use oral nonsteroidal anti-inflammatory drugs (NSAIDs) due to gastrointestinal upset. The original utilization review (9-16-15) non-certified the request for flurbiprofen-baclofen-lidocaine-menthol cream 20%-5%-4%-4% 180gm #1.

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%/5%/4%/4% 180gm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Baclofen is "Not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiprofen /Baclofen/Lidocaine/Menthol Cream 20%/5%/4%/4% 180gm #1 is not medically necessary.