

Case Number:	CM15-0192491		
Date Assigned:	10/06/2015	Date of Injury:	02/23/2012
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/30/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 63 year old male, who sustained an industrial injury on 02-23-2012. He has reported subsequent neck, low back and knee pain and was diagnosed with cervical and lumbar disc herniation, left knee meniscal tear, and right knee meniscal tear and status post left knee arthroscopic partial medial and lateral meniscectomies and left knee arthroscopic synovectomy on 05-01-2015. Treatment to date has included pain medication and physical therapy. Pain medication was noted to help reduce pain and improve function. There was no documentation that antidepressant or anticonvulsant medication had been attempted and had failed. The only medical documentation submitted is a physician's progress report and pain scale dated 08-21-2015. During the 08-21-2015 office visit, the injured worker reported persistent neck and back pain that was rated as 7 out of 10 and left knee pain that was rated as 6 out of 10. The neck and back pain were reported as the same and left knee pain was noted to have improved slightly with therapy. Medication was noted to help reduce pain. Tylenol #3 was noted to reduce pain from 7 out of 10 to 3 out of 10 and to allow the injured worker to ambulate for half an hour as opposed to 15 minutes without stopping secondary to pain. Objective examination findings revealed tenderness of the medial and lateral joint line of the left knee with decreased range of motion, decreased range of motion of the cervical, thoracic and lumbar spine and tenderness to the paraspinals with slight hypertonicity. Work status was documented as temporarily totally disabled. The physician noted that a request for topical pain medication was being submitted in an attempt to help control his pain further and wean him from the stronger narcotics. A request for authorization of compound RX; 180 gm, Flurbiprofen 20%-Baclofen

5%-Lidocaine 4% was submitted. As per the 09-16-2015 utilization review, the request for compound RX; 180 gm, Flurbiprofen 20%-Baclofen 5%-Lidocaine 4% was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Rx; 180gm, Flurbiprofen 20% / Baclofen 5%/ Lidocaine 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS p113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Regarding topical lidocaine, MTUS states (p112) "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. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudts, 1995)" Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As baclofen is not recommended, the compound is not medically necessary.