

Case Number:	CM15-0195995		
Date Assigned:	10/09/2015	Date of Injury:	08/01/2014
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old male with a date of injury on 08-01-2014. The injured worker is undergoing treatment for lumbar disc herniation with right-sided radicular symptoms, and a slightly antalgic gait pattern. Physician progress notes dated 08-24-2015 and 09-14-2015 documents the injured worker has persistent pain in the lower back rated 7 out of 10. It is worsening and it radiates down his right lower extremity. He has decreased lumbar spine range of motion and there is tenderness to palpation to the paraspinal and quadratus lumborum. Straight leg raise and Kemp's test was positive on the right side. Sensation was normal in the L4 nerve distribution bilaterally. Sensation in the L5 and S1 nerve distribution was decreased in the right side and normal on the left. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, and use of a Transcutaneous Electrical Nerve Stimulation unit. Current medications include Norco. He takes Norco once a day at night because he has to drive an hour each day to work and he cannot take Norco when he is driving. He is working. The treatment plan includes pending authorization for a lumbar epidural steroid injection and bilateral lower extremity Electromyography and Nerve Conduction Velocity studies. He is to continue with use of the Transcutaneous Electrical Nerve Stimulation unit, and a request for a topical compounded cream. On 09-21-2015 Utilization Review non-certifies the request for Flurbi/Baclo/Lido/Menthol cream 20/5/4/4% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Baclo/Lido/Menthol cream 20/5/4/4% 180 gm: 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. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. 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. In this case, the claimant has been on Norco for several months along with topical Flurbi/Baclo/Lido/Menthol cream 20/5/4/4% with the intention to wean Norco but the weaning protocol or reduction in use is not noted. Also the claimant cannot tolerate oral NSAID but topical Flurbiprofen can reach similar systemic effect. Since the compound above contains these topical medications, the Flurbi/Baclo/Lido/Menthol cream 20/5/4/4% is not medically necessary.