

Case Number:	CM15-0196006		
Date Assigned:	10/09/2015	Date of Injury:	07/24/2013
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female, with a reported date of injury of 07-24-2013. The diagnoses include cervical strain, cervical disc herniation, left upper extremity radicular pain and possible left C7 radiculopathy, acute lumbar strain, and nasal fracture with residual deviated septum and breathing issues. Treatments and evaluation to date have included Soma, Lidocaine patches, and Norco. The diagnostic studies to date have included a urine drug screen on 06-09-2015 which was positive for Hydrocodone, Hydromorphone, Amitriptyline, and Nortriptyline; and a urine drug screen on 06-24-2015 which was positive for Hydrocodone, tricyclic antidepressants, and sedatives. The progress report dated 08-24-2015 indicates that the injured worker complained of cervical spine and lumbar spine pain. The cervical spine pain radiated to the bilateral trapezius muscles, and was rated 6-7 out of 10, which "had improved since the last visit". On 07-27-2015, the injured worker rated her cervical spine pain 6 out of 10. The lumbar spine pain, rated 2 out of 10, which was the same as the last visit. On 07-27-2015, the injured worker rated her pain 2 out of 10. The objective findings (08-24-2015) include tenderness to palpation and spasm of the cervical spine; full flexion, full extension, and limited bilateral rotation of the cervical spine; intact neurovascular status distally; tenderness to palpation in the lower lumbar area; limited flexion of the lumbar spine; full extension and limited bilateral rotation of the lumbar spine; intact neurovascular status distally; negative sitting straight leg raise; and normal gait pattern. The treatment plan included a compounded medication, to apply a thin layer 2-3 times per day or as directed. It was noted that the injured worker was not currently working. The injured worker has been instructed to return to modified work on 08-24-2015.

The request for authorization was dated 09-10-2015. The treating physician requested a compounded topical cream: Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% cream 180 grams. On 09-17-2015, Utilization Review (UR) non-certified the request for a compounded topical cream: Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% cream 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical: Flurbiprofen/Baclofen/Lidocaine/Menthol Cream (20%/5%/4%/4%)
180gm: 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 the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." Therefore the request is not medically necessary.