

Case Number:	CM15-0198147		
Date Assigned:	10/13/2015	Date of Injury:	02/21/2013
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 60 year old male who sustained an industrial injury on 02-21-2013. According to a progress report dated 08-27-2015, the injured worker was seen regarding cervical spine, lumbar spine, bilateral shoulder and bilateral hip pain and issues related to internal medicine. Cervical pain was rated 6 on a scale of 1-10 and was constant with radiation of pain into the bilateral upper extremities. Lumbar spine pain was rated 6 and was constant with radiation of pain into the right lower extremity. Right shoulder pain was rated 4-5 and was constant. Left shoulder pain was rated 6-7 and was constant. Bilateral hip pain was rated 6 and was constant. He was taking Medrol Dosepak, Norco and Robaxin and reported improvement with his pain level from 8 down to 5-6 after taking medications. He was not working. Examination of the cervical and lumbar spine demonstrated tenderness over the midline. There was tenderness and hypertonicity noted over the paraspinal musculature. There was very asymmetric loss of range of motion. Gait was very slow. Examination of the bilateral shoulder revealed forward flexion and abduction about 140 degrees and internal and external rotation of 70 degrees with positive Hawkins and Neer's impingement signs. Left hip was very tender to passive internal and external rotation. Diagnoses included chronic cervical strain rule out disc herniation, rule out cervical radiculopathy, lumbar disc herniation with right lower extremity L5 radiculopathy, right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fractures with subsequent lower extremity numbness, bilateral upper extremity numbness, facial trauma and left shoulder rotator cuff syndrome. The treatment plan included a follow up with named provider regarding a lumbar epidural injection, authorization for re-evaluation with

named provider regarding the left hip, request for authorization for Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%, 5%, 4%, 4%) 180 grams, apply a thin layer 2-3 times per day as directed. An authorization request dated 09-15-2015 was submitted for review. The requested services included re-evaluation with named provider regarding the left hip. Robaxin and Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%, 5%, 4%, 4%) 180 grams, apply a thin layer 2-3 times per day as directed. On 09-23-2015, Utilization Review non-certified the request for Flurbiprofen 20% Baclofen 5% Lidocaine 4% Menthol Cream 4% #180 grams, apply a thin layer 2 to 3 times per day or as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Baclofen 5% Lidocaine 4% Menthol Cream 4% #180 grams, apply a thin layer 2 to 3 times per day or as directed: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, baclofen 5%, lidocaine 4%, menthol cream 4% #180 g, apply a thin layer 2 - 3 times per day or as directed is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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 is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are chronic cervical strain; lumbar disc herniation with right lower extremity L5 radiculopathy; right scapular fracture; right chest chronic effusion; multiple rib fractures; pelvic fractures with lower extremity weakness; bilateral upper extremity numbness; facial trauma; and left shoulder rotator cuff syndrome. Date of injury is February 21, 2013. Request for authorization is September 15, 2015. According to an August 27, 2015 progress note, the injured worker's subjective complaints include cervical and lumbar, bilateral shoulder and hip pain 6/10. Medications include Norco, Robaxin and Medrol dose pack. Objectively, there is tenderness to palpation at the cervical and lumbar spine with decreased range of motion. There is tenderness of the left hip with rotation. The treatment plan does not provide an anatomical location for topical analgesic application. As noted above, there are multiple complaints documented in the record. There is no documentation of failed first-line treatment with antidepressants and anti-convulsants. Flurbiprofen is not FDA approved for topical use. Baclofen topical is not recommended. Lidocaine in non-Lidoderm form is not recommended. Consequently, Flurbiprofen 20%, baclofen 5%, lidocaine 4%, menthol cream 4% #180 g is not recommended. Based on the final information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, baclofen 5%, lidocaine 4%, menthol cream 4% #180 g, apply a thin layer 2 - 3 times per day or as directed is not medically necessary.