

Case Number:	CM15-0198373		
Date Assigned:	10/14/2015	Date of Injury:	11/12/2002
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
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: Massachusetts

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:

This 58 year old male sustained an industrial injury on 11-12-02. Documentation indicated that the injured worker was receiving treatment for right wrist tenosynovitis, bilateral knee internal derangement, lumbar herniated nucleus pulposus for foraminal stenosis and instability and right ankle sprain and strain. Previous treatment included lumbar fusion, chiropractic therapy, physical therapy and medications. In a PR-2 dated 7-24-15, the injured worker complained of pain to the low back, bilateral legs, right ankle and bilateral knees, rated 4 to 7 out of 10 on the visual analog scale. The injured worker stated that he had had an attack of gastrointestinal "disturbance" in the last week causing him to throw up and go to the Emergency Department. The injured worker had increased pain since the episode. The injured worker also stated that right lower extremity numbness had gotten worse. The injured worker could barely feel his right foot. Physical exam was remarkable for lumbar spine range of motion: extension -10 degrees, forward flexion 20 degrees, bilateral tilt 10 degrees with pain "significantly" worsened on extension and relieved on flexion, pain upon stress of the sacroiliac area and range of motion of the hip, knee and ankle, positive bilateral sciatic stress signs, foot dorsiflexor and plantar flexor "weakness" and diffuse decreased sensation in bilateral lower extremities below the knee. The injured worker was hunched over and unable to fully extend. The injured worker was "significantly uncomfortable" lying in a fully prone position. The injured worker was unable to fully toe and heel walk. The injured worker's balance was impaired due to pain. The treatment plan included requesting authorization for an urgent electromyography and nerve conduction velocity test of bilateral lower extremities, an internal medicine consultation for evaluation of gastrointestinal disturbances, renewing Percocet and a trial of Butrans patch and transdermal cream (Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 5% cream) to obviate any effect

on the gastrointestinal tract. On 9-9-15, Utilization Review non-certified a request for Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 5% cream, 120gm, apply a thin layer to affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Lidocaine 5% cream, 120gm, apply a thin layer to affected area: 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: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.