

Case Number:	CM15-0198869		
Date Assigned:	10/14/2015	Date of Injury:	03/15/2012
Decision Date:	11/24/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina, Georgia
 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:

This is a 58 year old male who sustained an industrial injury on 3-15-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar sprain-strain, rule out lumbar disc protrusion, left knee sprain-strain and rule out left knee meniscus tear. According to the progress report dated 8-27-2015, the injured worker complained of moderate, sharp, throbbing, burning low back pain. He also complained of dull left knee pain. The physical exam (8-27-2015) revealed a slow, guarded gait, favoring the right lower extremity. The ranges of motion were decreased and painful. There was tenderness to palpation and spasm of the lumbar paravertebral muscles. There was tenderness to palpation of the left knee. Treatment has included medications. Current medications (8-27-2015) included Alprazolam, Diclofenac Sodium, Cyclobenzaprine and Tramadol. The request for authorization was dated 8-27-2015. The original Utilization Review (UR) (9-12-2015) denied a request for Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025% in cream base 240grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 240grams: 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: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. Menthol is not recommended as a topical agent. As such, the request for flurb/baclofen/dexamethasone/menthol/camphor/capsaicin is not medically necessary and the original UR decision is upheld.