

Case Number:	CM15-0201548		
Date Assigned:	10/16/2015	Date of Injury:	09/08/2014
Decision Date:	12/03/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, 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:

This is a 52 year old male patient, who sustained an industrial injury on 9-8-14. He sustained the injury due to slip and fall incident. The diagnoses include low back derangement superimposed on preexisting degenerative disc disease and spinal stenosis status post-surgery, tendinitis of the left shoulder with impingement syndrome, and left wrist carpal tunnel syndrome; diabetes mellitus with sign of early peripheral neuropathy. Per the QME note dated 9-18-15, he had complaints of left upper extremity pain, decreased dexterity and strength in the left hand and arm, burning on the top of bilateral feet, and pain and spasms in the low back. Physical examination findings on 9-18-15 included positive straight leg raise tests bilaterally and diffuse lumbar tenderness without spasm, paracervical and trapezius tenderness without spasm; Impingement signs, Phalen's test, and a median nerve compression test positive on the left. Per the progress note dated 8-31-15, he had complaints of lumbar spine pain at 5-8/10; left shoulder pain at 5-6/10 and left hand and wrist pain at 7/10. Physical examination revealed left shoulder-decreased range of motion and positive Impingement signs; lumbar spine- decreased range of motion and positive straight leg raising test bilaterally; wrists- positive findings suggestive of carpal tunnel syndrome. Per the progress note dated 9-23-15, he had complaints of cervical spine pain and left wrist pain rated as 7 of 10 and improved lumbar spine and left shoulder pain since last visit. The medications list includes Lisinopril, Lidoderm patch, Tylenol with codeine #4 and robaxin. His surgical history includes lumbar laminectomy in 2002, ORIF right patellar fracture in 2009, surgery for kidney stone in 2013, partial right nephrectomy for cancer in 2013(he stated that he was not allowed to take NSAIDs) and excision of squamous cell carcinoma below the lip in 2015. Treatment to date has included bilateral L5 transforaminal

epidural steroid injections, acupuncture, physical therapy, and medication including Tylenol with Codeine #4 and Robaxin. The treating physician requested authorization for Flurbiprofen-Baclofen-Lidocaine-Menthol cream 20%-5%-4%-4% 180g on 8/31/15. On 9-25-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Baclofen/Lidocaine/Menthol Cream 20%, 5%, 4%, 4%, 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state, 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. Topical NSAIDs: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. "Baclofen: Not recommended". There is no peer-reviewed literature to support the use of topical Baclofen. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Flurbiprofen/ Baclofen/Lidocaine/Menthol Cream 20%, 5%, 4%, 4%, 180 gm is not fully established for this patient.