MAXIMUS Federal Services

Case Number:	CM15-0201677		
Date Assigned:	10/16/2015	Date of Injury:	05/24/2012
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
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, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 46 year old female who reported an industrial injury on 5-24-2012. Her diagnoses, and or impressions, were noted to include: right hip osteoarthritis; right hip greater trochanteric bursitis; partial right hip labral tear; and chronic lumbosacral strain with radiation to the lower extremities, rule-out disc herniation. No imaging studies were noted. Her treatments were noted to include: aquatic therapy for the lumbar spine (4 out of 12 visits) which noted improvement with range-of-motion; medication management; and a return to work. The progress notes of 8-25-2015 reported a return visit for complaints which included: persistent-frequent pain in the lower back, rated 5-6 out of 10, that radiated down into the left leg, with tightness and pulling in the knee; right knee numbness-tingling; right hip pain, rated 7 out of 10; a right hip injection on 8-14-2015 which provided tremendous relief, but only for about a week; that her pain was made better by rest and medications (pills), and made worse with weather and activities. The objective findings were noted to include: obesity; no acute distress; tenderness over the mid-line lumbar spine and para-spinals, with decreased range-of-motion in all planes; a slight decrease in sensation in the right lumbar 4-5 dermatomes; tenderness to the greater trochanter region, with positive Patrick's sign, and decreased range-of-motion. The physician's requests for treatment were noted to include Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% 180 grams, apply a thin layer 2-3 times per day or as directed, for pain. The Request for Authorization, dated 9-10-2015, was noted to include Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% 180 grams, apply a thin layer 2-3 times per day or as directed.

The Utilization Review of 9-23-2015 non-certified the request for compound cream Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% 180 grams.

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%, 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: This claimant was injured back in 2012 with hip issues. Per the Chronic Pain Medical Treatment Guidelines page 111, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.