

Case Number:	CM15-0204537		
Date Assigned:	10/21/2015	Date of Injury:	11/05/2013
Decision Date:	12/09/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/19/2015

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: Colorado

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 11-5-13. Medical records indicate that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus and left lower extremity radicular pain. The injured worker is currently not working. On (9-16-15) the injured worker complained of lumbar spine pain which was unchanged from the prior visit. The pain was rated 8 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness over the midline and tenderness and hypertonicity over the paraspinal musculature. Range of motion was limited and painful. Neurologically, both lower extremities were normal. Treatment and evaluation to date have included medications, MRI of the lumbar spine and physical therapy. Current medications include omeprazole, Naproxen, Tramadol, Ibuprofen, cyclobenzaprine, Norco, Tylenol # 3, Anexsia, Ultram, Keflex, Elavil, Ambien, Bio-therm transdermal and Kera Tek Gel. The request for authorization dated 9-15-15 is for the compounded medication: Flurbiprofen- Baclofen-Lidocaine-Menthol (20%, 5%, 4%, 4%) 180 grams. The Utilization Review documentation dated 10-3-15 non-certified the request for the compounded medication: Flurbiprofen-Baclofen-Lidocaine-Menthol (20%, 5%, 4%, 4%) 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication - Flurbiprofen/ Baclofen/Lidocaine (20%/5%/4%/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: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. The correct requested topical analgesic is Flurbiprofen /Baclofen/Lidocaine /Menthol. Topical Lidocaine in the dermal patch formulation, can be recommended for neuropathic pain after a trial of first line therapy has failed. No other formulation of topical Lidocaine is indicated for neuropathic pain. Other topical formulations of Lidocaine (creams or gels) may be useful as local anesthetic or anti-pruritic. There is insufficient evidence to recommend use of topical Lidocaine, any formulation, in non-neuropathic pain. Topical Baclofen and all other topical muscle relaxers, are not recommended, per the guidelines and have no evidence-based support for their use. Topical Non-steroidal anti-inflammatory drugs have been studied, but only short term in small numbers, so no substantive evidence supports long term use. Use of topical non-steroidal anti-inflammatory drugs can be recommended for less than 12 weeks, for treatment of osteoarthritis, specifically related to the knee or elbow. No consistent quality evidence exists to use topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder, or for treatment of Neuropathic Pain. The only FDA-approved Topical Non-steroidal anti-inflammatory agent is Voltaren Gel 1% (Diclofenac). Menthol topical is not addressed by the MTUS which is not relevant here because as the Baclofen, and Lidocaine in non-patch formulation are not recommended, the entire topical preparation is not recommended and not medically indicated.