

Case Number:	CM15-0204664		
Date Assigned:	10/21/2015	Date of Injury:	07/01/2009
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old male with a date of injury on 7-1-09. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee, lumbar spine, right hip, right shoulder, right elbow and bilateral wrist pain. Progress report dated 8-14-15 reports persistent bilateral knee pain rated 7 out of 10 on the left and 8 out of 10 on the right. He does report improvement since the Supartz injections to bilateral knees given last week. He also has complaints of cervical spine pain rated 7-8 out of 10, lumbar spine pain rated 9 out of 10, right shoulder pain rated 4-5 out of 10 and right hip pain rated 8-9 out of 10. The pain is constant, about the same, is made better with rest and worse with activities. Objective findings: he has cervical and lumbar spine tenderness in the mid-line, limited range of motion due to pain, bilateral wrists have positive Tinels, limited flexion and extension with positive phalen's and positive compression test at the median nerve, bilateral knees with tenderness and crepitus on passive range of motion. Compound cream recommended to increase function and decrease pain. Treatments include: medication, physical therapy and injections. Request for authorization dated 8-27-15 was made for Flurbiprofen 20 percent Baclofen 5 percent Lidocaine 4 percent cream 180 gm. Utilization review dated 9-23-15 non-certified the request.

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% cream 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 CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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." According to CA MTUS guidelines the use of topical baclofen is "not recommended. There is no peer-reviewed literature to support the use of topical baclofen." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.