

Case Number:	CM15-0205143		
Date Assigned:	10/22/2015	Date of Injury:	08/01/2009
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
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: Arizona, 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 64-year-old male with a date of industrial injury 8-1-2009. The medical records indicated the injured worker (IW) was treated for status post left total hip replacement (2009) with residuals and compensatory right hip joint pain. In the progress notes (6-1-15, 8-18-15), the IW reported pain in the left hip, left pelvis, left buttock and left leg rated 6 out of 10. He rated his best pain 5 and worst pain 8 out of 10. On examination (8-18-15 notes), there was tenderness in the left pelvis and in the medial joint line of the left knee. There was also crepitus and edema in the left knee. McMurray's sign was positive in the bilateral knees. Treatments included Lidoderm patches and Tramadol, acupuncture, physical therapy and rest. There was no documentation of failed anticonvulsant and antidepressant therapy before prescribing FCL cream (8-18-15). A Request for Authorization dated 8-18-15 was received for FCL cream (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% and Hyaluronic acid 0.20%) for the hip and thigh. The Utilization Review on 9-30-15 non-certified the request for FCL cream (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% and Hyaluronic acid 0.20%) for the hip and thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%) cream for the hip/thigh: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had been on other topical in the past as well as currently using oral medications. Although, the intent was to reduce oral medication use, the compound requested is not supported by evidence. Since the compound above contains these topical medications, the FCL is not medically necessary.