

Case Number:	CM15-0205397		
Date Assigned:	10/22/2015	Date of Injury:	06/28/2014
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male, who sustained an industrial injury on 6-28-14. The documentation on 7-16-15 noted that the injured worker has complaints of cervical spine, lumbar spine and right knee pain. Right knee examination revealed tenderness medially; McMurrays test was positive and range of motion was 0 to 120 degrees and there was mild effusion. The diagnoses have included sprain of neck; displacement of lumbar intervertebral disc without myelopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. Magnetic resonance imaging (MRI) showed meniscal tear. Treatment to date has included Norco; motrin; ice and heat; rest; failed physical therapy and right knee arthroscopic partial medial meniscectomy on 8-21-15. The original utilization review (9-25-15) non-certified the request for comp topical flurbiprofen, baclofen, lidocaine, menthol cream (20%-5%-14%-4%) 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Comp Topical Flurbiprofen/Baclofen/Lidocaine/Menthol Cream (20%/5%/14%/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: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, the component ingredient Baclofen is specifically not recommended by MTUS for topical use. This request is not medically necessary.