

Case Number:	CM15-0206022		
Date Assigned:	10/22/2015	Date of Injury:	08/14/2013
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 66 year old female, who sustained an industrial injury on 8-14-13. Medical records indicate that the injured worker is undergoing treatment for a lumbar five-sacral one disc herniation, lumbar facet hypertrophy with lumbar stenosis, right lower extremity radicular pain, thoracic spine sprain-strain and status-post lumbar fusion in 2014. The injured worker is currently not working. On (9-15-15) the injured worker complained of persistent low back pain rated 6-7 out of 10 on the visual analogue scale. The pain was noted to be slightly improved because the injured worker was not working and was resting. Examination of the lumbar spine revealed palpable hypertonicity of the bilateral lumbar paravertebral muscles. Range of motion was slightly decreased with no significant neurological findings in the lower extremities. Treatment and evaluation to date has included medications, urine drug screen, physical therapy and a home exercise program. Current medications include Motrin. The treating physician noted slight gastrointestinal upset with the use of the Motrin and recommended a compound cream to replace the Motrin. The request for authorization dated 9-29-15 is for the compound cream: Flurbiprofen-Baclofen-Lidocaine Menthol cream 20-5-4-4 percent 180gm 2-3 times a day #1. The Utilization Review documentation dated 10-14-15 non-certified the request for the compound cream: Flurbiprofen-Baclofen-Lidocaine Menthol cream 20-5-4-4 percent 180gm 2-3 times a day #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Baclofen / Lidocaine Menthol cream 20/5/4/4 percent 180gm 2-3 times a day #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for Flurbiprofen/ Baclofen/lidocaine menthol cream 20/5/4/4 percent 180gm 2-3 times a day #1. The RFA is dated 09/29/15. Treatment and evaluation to date has included lumbar fusion 2014, medications, urine drug screen, imaging, physical therapy and a home exercise program. The patient is temporarily totally disabled. MTUS, Topical Analgesics section, page 111 has the following: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain-Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS further states, "Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per report 09/15/15, the patient presents with persistent low back pain rated 6-7 out of 10 on the visual analogue scale. The pain was noted to be slightly improved because she was not working and resting. Examination of the lumbar spine revealed palpable hypertonicity of the bilateral lumbar paravertebral muscles. Range of motion was slightly decreased with no significant neurological findings in the lower extremities. The treater recommended a topical analgesic cream "to replace Motrin as she does have slight gastrointestinal upset." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion/gel/cream form. In addition, baclofen is not support in any topical formulation. This request is not in accordance with MTUS. Therefore, this request IS NOT medically necessary.