

Case Number:	CM15-0206409		
Date Assigned:	10/23/2015	Date of Injury:	03/18/2013
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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:

The injured worker is a 50 year old male who sustained an industrial injury on 3-18-13. A review of the medical records indicates he is undergoing treatment for status post right knee arthroscopy, osteoarthritis of the lower limb, lumbalgia, insomnia, and gastroesophageal reflux disease. Medical records (5-1-15, 6-11-15, 6-23-15, 7-31-15, and 9-4-15) indicate ongoing complaints of bilateral lumbar, sacroiliac, pelvis, buttock, hip, knee, and anterior and posterior leg pain. He rates his pain "7-8 out of 10". He reports associated numbness and tingling in his left lower extremity (6-11-15). He also complains of insomnia, anxiety, stress, and dizziness. The physical exam (9-4-15) reveals that the injured worker is wearing a knee brace. He has "some" difficulty changing from a standing and seated position. Diminished range of motion is noted in bilateral knees. The 7-31-15 physical exam reveals diminished range of motion in the lumbar spine. Diagnostic studies have included x-rays of the ribs and lumbar spine, MRIs of the left knee and lumbar spine, an EMG-NCV study of bilateral lower extremities, and urine drug screening. Treatment has included a knee brace, interferential unit, and oral and topical medications. His medications include Nexium, Cyclobenzaprine, and FCL compound cream. The injured worker has been receiving FCL compound cream since, at least, 5-1-15. The utilization review (10-2-15) includes a request for authorization of Flurbiprofen 20%-Baclofen 2%-Dexamethasone 2%, Menthol 2%-Camphor 2%-Capsaicin 0.0375%-Hyaluronic acid 0.20% 180gms #1. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comp Top Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% 180 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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. According to the MTUS guidelines, Capsaicin are recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. 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 has been on topicals for several months. Since the compound contains the above components, the Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% is not medically necessary.