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| Case Number: | CM15-0207352 | | |
| Date Assigned: | 10/26/2015 | Date of Injury: | 04/07/2015 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/07/2015 |
| 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 66 year old female with an industrial injury dated 04-07-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain, multilevel disc bulging of 3mm, right wrist strain, right carpal tunnel syndrome, right shoulder partial rotator cuff tear with impingement, thoracic strain and right leg contusion. According to the progress note dated 09-16-2015, the injured worker reported neck, right knee and right wrist pain. Cervical pain level was 1-3 out of 10 with improvement since last visit, right shoulder and knee pain was 2 out of 10 which improved since last visit. The injured worker rated right wrist pain was a 2-5 out of 10. Objective findings (08-20-2015, 09-16-2015) revealed decreased cervical range of motion, cervical spine tenderness, and decreased sensation on the right C6-7 distribution. Thoracic spine exam revealed decreased range of motion, tenderness to palpitation and hypertonicity on the right. Right shoulder exam revealed tenderness, decreased range of motion and positive impingement test. Right wrist exam revealed decreased range of motion and decreased sensation on the right median nerve root distribution. Right knee exam revealed decreased range of motion and tenderness to palpitation of the patella. Treatment has included radiographic imaging, medication management, right shoulder injection, home exercise program and periodic follow up visits. The injured worker is currently not working. The utilization review dated 10-07-2015, non-certified the new request for Transdermal Compound: Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-Menthol 4% Cream 180gm #1 Supply: 30 Days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compound: Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol 4% Cream 180gm #1 Supply: 30 Days: 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 was on Keratek gel (containing NSAIDS) prior along with Opioids. Long-term use of topical analgesics. NSAIDS is not recommended. The request for Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol 4% Cream is not medically necessary.