

Case Number:	CM15-0209076		
Date Assigned:	10/28/2015	Date of Injury:	08/01/2014
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey, New York
 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 59 year old male with a date of injury of August 1, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation and right sided radicular symptoms. Medical records dated June 29, 2015 indicate that the injured worker complained of lower back pain rated at a level of 8 out of 10, and worsening right hip pain going down the leg. A progress note dated September 14, 2015 documented complaints similar to those reported on June 29, 2015 with pain rated at a level of 7 out of 10. Per the treating physician (September 14, 2015), the employee was to remain off of work. The physical exam dated June 29, 2015 reveals decreased range of motion of the lumbar spine, tenderness to palpation of the lumbar paraspinal muscles and quadratus lumborum bilaterally with hypertonicity, tenderness to palpation of the gluteal muscles on the right with hypertonicity, positive straight leg raise test and Kemp's test on the right, unable to heel and toe walk bilaterally, decreased sensation in the L5-S1 nerve distribution on the right, and decreased strength in the L5 and S1 muscle groups on the right. The progress note dated September 14, 2015 documented a physical examination that showed no changes since the examination performed on June 29, 2015. Treatment has included transdermal medications (Flurbiprofen/Baclofen/Lidocaine/Menthol cream since at least April of 2015; Tramadol and Norco), twenty-four sessions of physical therapy with temporary benefit, and transcutaneous electrical nerve stimulator unit. The utilization review (October 15, 2015) non-certified a request for Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol 4% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol 4% cream 180gm: 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 request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topical baclofen is not recommended as per MTUS guidelines as there is no peer-reviewed literature to support its use. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.