

Case Number:	CM15-0211538		
Date Assigned:	10/30/2015	Date of Injury:	10/30/2014
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/28/2015

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 40 year old female, who sustained an industrial injury on 10-30-14. She reported pain in the head, neck, back, shoulders, arms, hips, and right ankle. The injured worker was diagnosed as having lumbar strain rule out disc herniation, right hip contusion, chronic right ankle sprain, left knee strain and contusion rule out internal derangement, and representation of plantar fasciitis and tibiotalar joint tenosynovitis. Treatment to date has included 8 physical therapy sessions for the knee, knee brace, ankle brace, back brace, and medication including Kera-Tek analgesic gel. Physical exam findings on 9-21-15 included decreased lumbar spine range of motion and tenderness over the paraspinal muscles. Kemp's sign and a straight leg raise test were positive. Sensation and strength were decreased in the left lower extremity. Left knee range of motion was decreased and Varus and Valgus stress tests were positive. McMurray's sign was positive. Right hip range of motion was decreased and tenderness was noted in the right sacroiliac joint. Right ankle swelling and tenderness to palpation was noted as well as decreased range of motion. On 9-21-15, the injured worker complained of pain in the lumbar spine rated as 9-10 of 10, bilateral hands, left knee, right hip pain rated as 7-8 of 10, and right ankle pain rated as 9-10 of 10. On 9-23-15 the treating physician requested authorization for Flubiprofen-Baclofen-Lidocaine-Metho cream (20%-5%-4%-4%) 180g. On 9-29-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine/Metho cream (20%/5%/4%/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: The 40 year old patient complains of low back pain and radicular leg pain, rated at 5/10, as per pain management report dated 09/11/15. The request is for flurbiprofen/baclofen/lidocaine/metho cream (20%/5%/4%/4%) 180gm. The RFA for this case is dated 09/23/15, and the patient's date of injury is 10/30/14. Diagnoses, as per pain management report dated 09/11/15, included lumbar failed back syndrome, lumbar radiculopathy, lumbar spondylosis, and internal derangement of the knee. As per orthopedic surgeon progress report dated 09/10/15, the patient complains of low back pain, rated at 9/10, radiating to bilateral lower extremities; bilateral wrist and hand pain, rated at 7-8/10; left knee pain., rated at 7/10; right hip pain, rated at 7-8/10; and right ankle pain, rated at 9-10/10. Diagnoses, as per this report, included lumbar strain, right hip contusion, chronic right ankle sprain, left knee strain and contusion, r/o internal derangement of knee, plantar fasciitis, and tibiotalar joint tenosynovitis. The patient is status post lumbar surgery. Medications, as per progress report dated 08/31/15, included Advil, Oxycodone. Neurontin, Opana, Ketoprofen and Zanaflex. The patient is temporarily totally disabled and is not working, as per progress report dated 09/10/15. The MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, a prescription for Flurbiprofen/Baclofen/Lidocaine/Metho cream "to help control her pain further and wean her from the stronger pain medication," is only noted in progress report dated 09/10/15. Prior reports document the use of other compounded creams including Kera-Tek gel and Flurbiprofen/Baclofen/Lidocaine cream. While this appears to be the first prescription for the Flurbiprofen/Baclofen/Lidocaine/Metho cream, the treater does not mention the targeted body parts. MTUS recommends against the use of topical Flurbiprofen for spinal and axial pain, and supports its use only in patients who have been diagnosed with peripheral joint arthritis. However, there is no such indication in this case. Additionally, the guidelines do not support the use of Baclofen in topical form. Furthermore, MTUS does not allow for any other formulation of Lidocaine other than topical patches. MTUS Guidelines also provide a clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since all the three components of this cream are not indicated by the guidelines, this request IS NOT medically necessary.

