

Case Number:	CM15-0212215		
Date Assigned:	11/02/2015	Date of Injury:	05/28/2006
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
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, Hawaii

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 51-year-old male, who sustained an industrial injury on 5-28-06. The injured worker was diagnosed as having cervical sprain, lumbar spine disc protrusion and piriformis muscle pain. Subjective findings (6-29-15, 8-15-15) indicated pain in the neck, lower back and right knee. The injured worker rated his pain 4-6 out of 10 without medications and 3 out of 10 with Celebrex. Objective findings (6-29-15, 8-15-15) revealed decreased cervical and lumbar range of motion, decreased sensation in the cervical and lumbar spine and tenderness over the right medial and lateral joint lines. As of the PR2 dated 9-14-15, the injured worker reports pain in his neck, lower back and right knee. He rates his pain 4-5 out of 10. He is currently working. Objective findings include decreased cervical and lumbar range of motion, decreased sensation in the cervical and lumbar spine and tenderness over the right medial and lateral joint lines. Current medications include Celebrex and Flurbiprofen-Baclofen-Lidocaine-Menthol cream (since at least 6-29-15). Treatment to date has included a TENS unit, physical therapy and chiropractic treatments. The Utilization Review dated 10-1-15, non-certified the request for Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%-5%-4%-4%) 180gms.

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%) 180gms: 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 medical records indicate the patient has ongoing neck, low back and right knee pain. The current request for consideration is Flurbiprofen/Baclofen/lidocaine/menthol cream (20%, 15%, 4%, 4%) 180gms. The 9/25/15 progress report indicates the attending physician recommended topical analgesic to help control pain and improve function because the patient suffers from gastrointestinal upset secondary to NSAID use in the past. The CA MTUS has this to say regarding topical analgesics: 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen and other muscle relaxants are not recommended in a topical form. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. As such, the guidelines clearly state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the current request is not consistent with MTUS guidelines and is not medically appropriate and not medically necessary.