MAXIMUS Federal Services

Case Number:	CM15-0212412		
Date Assigned:	11/02/2015	Date of Injury:	03/08/2012
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
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, North Carolina
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 31 year old female, who sustained an industrial-work injury on 3-8-12. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder chronic rotator cuff syndrome, left shoulder anterior labrum tear, left wrist tendonitis, and status post ganglion cyst excision debridement of the left wrist 11-21-14. Treatment to date has included pain medication Norco, Meloxicam, Advil, Voltaren, Protonix, Ultram, Voltaren gel, Flurbiprofen-Baclofen-Lidocaine-Menthol cream since at least 5-26-15, activity modifications, diagnostics, work restrictions, splinting, physical therapy-occupational therapy, rest, acupuncture, shoulder injection, and surgery. Per the treating physician report dated 9-14-15 the injured worker has not returned to work. The physician indicates that he electromyography (EMG) -nerve conduction velocity studies (NCV) dated 6-9-15 of the bilateral upper extremities were normal studies. The treating physician indicates that the urine drug test result dated 4-13-15 was inconsistent with the medication prescribed. Medical records dated (5-26-15 to 9-14-15) indicate that the injured worker complains of bilateral shoulder pain that radiates down both arms from the shoulders and neck with weakness, numbness and tingling. The pain is rated 8-8.5 out of 10 on the pain scale and has been unchanged. The pain is made better with rest and worse with change in weather and activities. The physician indicates that he recommends Flurbiprofen-Baclofen-Lidocaine-Menthol cream in an attempt to wean her from Non-steroidal anti-inflammatory drugs as they are causing gastrointestinal issues and she is no longer taking Norco. The physical exam dated 9-14-15 reveals that the exam of the right shoulder shows forward flexion and abduction of 140 degrees, internal and external rotation of 50 degrees, The Hawkin's

and Neer's tests were positive and the biceps tendon was tender. The left wrist exam reveals tenderness with limited range of motion due to pain. The physician indicates that he recommends Flurbiprofen-Baclofen-Lidocaine-Menthol cream transdermal for additional pain relief. The request for authorization date was 9-23-15 and requested service included Flurbiprofen-Baclofen-Lidocaine-Menthol cream 180gm. The original Utilization review dated 9-30-15 non-certified the request for Flurbiprofen-Baclofen-Lidocaine-Menthol cream 180gm.

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 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Many of these agents have little to no research to support their use. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for a compounded product containing Flurbiprofen, Baclofen, Lidocaine and Methol. Flurbiprofen is an NSAID and may be used if there is an intolerance to oral NSAIDs, which is not documented in this case. Baclofen is a muscle relaxant which is not recommended for topical use. Lidocaine is only approved in the formulation of a Lidoderm patch. Menthol does not have any therapeutic benefit. Therefore the request is not medically necessary or appropriate.