MAXIMUS Federal Services

Case Number:	CM15-0215303		
Date Assigned:	11/05/2015	Date of Injury:	10/17/2012
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female who sustained an industrial injury October 17, 2012. Diagnoses are 2mm disc bulge L2 over L3 per MRI June 25, 2015; 4mm x 7mm disc protrusion with effacement of the left anterior lateral subarachnoid space at L4 over L5 per MRI; antalgic gait secondary to lumbar spine pathology. According to a primary treating physician's progress report dated September 15, 2015, the injured worker presented for follow-up with persistent pain in the lower back, rated 8.5 out of 10 and remains the same since the last visit. The pain radiates down the left leg with weakness and numbness at the back of the leg down to the knee. She also reported pain in both knees, left greater than right. She is currently taking over the counter Advil. She reported taking tramadol in the past as needed for pain. Objective findings included; lumbar spine-decreased range of motion in all planes secondary to pain; small 1cm felt on palpation to the right paraspinal with tenderness, positive straight leg raise on the left at 60 degrees to posterior thigh; decreased sensation and strength 4-5 on the left at L4. Treatment plan included to continue with Advil, prescription for Tramadol for severe pain, pending spine surgeon consultation. At issue, is the request for authorization dated September 28, 2015, for Flurbiprofen 20% baclofen 5%, Lidocaine 4% menthol 4% cream 180gm.According to utilization review dated October 23, 2015, the requests for Urine Toxicology Screen and Tramadol were certified. The request for Flurbiprofen 20% baclofen 5%, Lidocaine 4% menthol 4% cream 180gm is non-certified.

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: 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: This claimant was injured in 2012 with 2mm disc bulge L2 over L3 per MRI June 25, 2015; 4mm x 7mm disc protrusion with effacement of the left anterior lateral subarachnoid space at L4 over L5 per MRI; antalgic gait secondary to lumbar spine pathology. Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.