

Case Number:	CM15-0215985		
Date Assigned:	11/05/2015	Date of Injury:	09/20/2012
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, 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 58 year old female, who sustained an industrial injury on 09-20-2012. She has reported injury to the neck, shoulders, knees, and low back. The diagnoses have included cervical intervertebral disc displacement without myelopathy; lumbar intervertebral disc displacement without myelopathy; periarthritis-shoulder; internal derangement-knee; and chondromalacia patella. Treatment to date has included medications, diagnostics, acupuncture, and home exercise program. Medications have included a topical compounded cream. A progress report from the treating physician, dated 10-08-2015, documented an evaluation with the injured worker. The injured worker reported pain in the left clavicular, left anterior-posterior shoulder, left cervical dorsal, headache, right anterior-posterior shoulder, right anterior-posterior arm, right anterior-posterior elbow, right anterior-posterior forearm, right anterior-posterior wrist, right anterior-posterior hand, upper thoracic, right cervical dorsal, left lumbar, lumbar, right lumbar, left sacroiliac, sacral, left buttock, left anterior-posterior leg, left anterior-posterior knee, left calf, left shin, left foot, left ankle, and sacroiliac regions; the discomfort right now is rated at 7-8 out of 10 in intensity; it is noticeable approximately 80% of the time; the discomfort at its worst is rated as a 10 and at its best it is a 5; and she has been without medications and symptoms have increased. Objective findings included palpable tenderness at cervical, left anterior shoulder, right anterior shoulder, lumbar, left sacroiliac, right sacroiliac, sacral, left buttock, right buttock, left posterior leg, right posterior leg, right anterior knee, and left anterior knee; cervical ranges of motion are decreased; positive axial compression; right shoulder ranges of motion are decreased; lumbar ranges of motion are decreased; there is positive sitting root on the left, and positive straight leg raising on the left; palpable tenderness of the medial joint

line with crepitus and edema; there is positive McMurray's sign bilaterally; and positive patellar grinding on the left. The provider noted that the topical compounded cream is prescribed and "to be applied to the affected area to reduce pain, increase function and mobility, and decrease the need of additional oral medications". The treatment plan has included the request for FCL-Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% in 180 grams. The original utilization review, dated 10-14-2015, non-certified the request for FCL-Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% in 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL- Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% in 180 grams: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound drugs.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Therefore, the request is not medically necessary.