

Case Number:	CM15-0217327		
Date Assigned:	11/09/2015	Date of Injury:	12/10/2007
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This is a 39-year-old male with a date of industrial injury 12-10-2007. The medical records indicated the injured worker (IW) was treated for cervical disc disorder with radiculopathy, mid-cervical region; intervertebral disc disorders with radiculopathy, lumbar region; unspecified sprain of the left shoulder joint, sequel. In the progress notes (10-20-15), the IW reported pain in the neck radiating into the left arm with weakness and numbness to the fingers and lower back pain radiating into the left leg with weakness and numbness to the knee. He rated his pain 7 out of 10. The notes stated the pain was better with rest and medications (pills), but that the IW did not take any oral medications. He was not in therapy and was working without restrictions. On examination (10-20-15 notes), the midline of the cervical and lumbar spine was tender to palpation and the bilateral paraspinals were hypertonic. There was slight decreased strength and sensation, 4+ out of 5 at C5 through C8 on the left only. Strength and sensation was decreased 4+ out of 5 at L4 only on the left. Treatments included home exercise program and physical therapy. The IW was working without restrictions as a police officer and he did not want to be under the influence of any medications while working. The provider's treatment plan included continuing the topical analgesic cream. There were no subjective or objective findings to support the efficacy of the topical analgesic. A Request for Authorization was received for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% and Menthol 4% cream 180 grams. The Utilization Review on 10-13-15 non-certified the request for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% and Menthol 4% cream 180 grams.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CS MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case, the request is for a compounded product containing the NSAID Flurbiprofen, the muscle relaxant Baclofen, the anesthetic Lidocaine and Menthol. Topical Flurbiprofen can be considered when first-line agents have failed and/or oral NSAIDs are not tolerated. There is no evidence of failure of first-line agents and there is no intolerance to oral NSAIDs. Baclofen is not recommended for topical use. Lidocaine is only recommended in the form of a lidocaine patch. Menthol has not been demonstrated to possess any therapeutic benefits. Therefore the request is not medically necessary or appropriate.