

Case Number:	CM15-0221721		
Date Assigned:	11/17/2015	Date of Injury:	02/04/2011
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/11/2015

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, California

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 49 year old male patient, who sustained an industrial injury on 02-04-2011. He has reported injury to the right shoulder and bilateral knees. The diagnoses have included internal derangement, shoulder; shoulder tendinitis; adhesive capsulitis, shoulder; bilateral shoulder internal derangement; status post right shoulder manipulation under anesthesia, on 04-10-2015; osteoarthritis lower limb; tear of medial cartilage of meniscus of knee; and tear lateral meniscus of knee. He sustained the injury due to cumulative trauma. Per the progress report from the treating physician, dated 06-12-2015, he reported pain in the right anterior knee, left anterior knee, right shin, right ankle, right foot, left shin, left ankle, left foot, left calf, left ankle, left foot, right calf, right ankle, right foot, right anterior shoulder, right anterior arm, upper thoracic, right cervical dorsal, right posterior shoulder, right mid thoracic, mid thoracic, right clavicular, right anterior wrist, left posterior knee, and right posterior knee. He reported numbness and tingling in the right calf, right ankle, left calf, left ankle, and right anterior wrist; notable anxiety and stress; insomnia. He had worsened symptoms with walking, sitting, and standing and it was better with pain medication. The provider noted that a topical compounded cream was prescribed "to reduce pain, increase function and mobility, and decrease the need of additional oral medications." Objective findings included palpable tenderness at the lumbar, right sacroiliac, left sacroiliac, sacral, left and right buttock, right anterior shoulder, and the right and left anterior wrist; and decreased lumbar spine, right and left shoulder ranges of motion. Medications have included Dexilant, Gaviscon, and topical compounded cream. He had left knee MRI on 5/20/13, 2/22/13; MRI right knee on 2/22/13. His surgical history includes right carpal tunnel release, right

shoulder surgery in 3/2013, left knee surgery in 12/2012 and right shoulder manipulation under anesthesia on April 10, 2015. He had 15 sessions postoperative physical therapy for the right shoulder and cortisone injections for this injury. The treatment plan has included the request for Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2% in 180 gms. The original utilization review, dated 10-27-2015, non-certified the request for Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2% in 180 gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2% in 180 gms: 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: Request: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2% in 180gms. This is a request for topical compound medication. Flurbiprofen is a NSAID and Baclofen is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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." "Topical NSAIDs - There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." "Baclofen: Not recommended." There is no peer-reviewed literature to support the use of topical baclofen. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2% in 180 gms is not fully established for this patient.