

Case Number:	CM15-0221764		
Date Assigned:	11/17/2015	Date of Injury:	09/06/2014
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
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 50 year old male patient who sustained an industrial injury on 9-6-2014. Diagnoses include lumbar disc protrusion, lumbar muscle spasms, lumbar radiculopathy, left sacroiliac joint sprain, right rotator cuff tear, right shoulder bursitis, right shoulder impingement syndrome, left knee chondromalacia, left knee internal derangement, and left knee degenerative joint disease. Per the doctor's note dated 10/22/15, he had complaints of moderate low back pain, moderate right shoulder pain and mild left knee pain. The patient was prescribed oxycodone on 10/22/15. Per the PR-2 dated 8-13-2015, he had complaints of moderate low back pain, moderate right shoulder pain, and mild left knee pain. The physical examination revealed lumbar spine range of motion- flexion 40 out of 60 degrees, extension 20 out of 25 degrees, right lateral bending 15 out of 25 degrees, and left lateral bending 20 out of 25 degrees, tenderness to palpation to the left sacroiliac joint and lumbar paravertebral muscles with muscle spasms and a positive Patrick's and FABRE sign; the right shoulder range of motion- flexion 130 out of 180 degrees, extension and adduction 40 out of 50 degrees, abduction 120 out of 180 degrees, internal rotation 90 out of 90 degrees, and external rotation 60 out of 90 degrees with tenderness to palpation noted at the lateral shoulder with muscle spasms and positive Neer's and Hawkin's signs; the left knee flexion 130 out of 110 degrees, and extension of 5 out of 0 degrees with tenderness to palpation of the anterior knee with muscle spasms, and positive McMurray's sign. The medications list includes gabapentin, tramadol, Flexeril and topical compound creams. Treatment has included medications and physical therapy. Recommendations include right shoulder arthroscopic repair, post-operative physical therapy, continue to wear lumbosacral orthotic brace, physical therapy, home TENS trail, Flurbiprofen cream, Amitriptyline cream, Cyclobenzaprine, Gabapentin, Tramadol, and follow up with orthopedic surgery in four weeks. Utilization Review denied Flurbiprofen compound cream on 11-5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in Salt Stable LS Base, Apply thin layer 2-3 x day as needed for pain 240gm: 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 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 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. The medical necessity of Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in Salt Stable LS Base, Apply thin layer 2-3 x day as needed for pain is not fully established for this patient.