

Case Number:	CM15-0044192		
Date Assigned:	03/16/2015	Date of Injury:	02/20/2014
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on February 20, 2014. She has reported lower back pain and left shoulder pain. Diagnoses have included lumbar spine myalgia, lumbar spine myospasms, lower back pain, lumbar spine sprain/strain, and rule out lumbar spine disc protrusion. Treatment to date has included medications, physical therapy, transforaminal epidural steroid injection, and imaging studies. A progress note dated January 27, 2015 indicates a chief complaint of lower back pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone 2 Percent/ Menthol 12 Percent/Camphor 2 Percent/Capsaicin .025 Percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with low back pain. The physician is requesting Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 12%/Camphor 2%/ Capsaicin 0.025%. The RFA from 01/27/2015 shows a request for compound Flurbiprofen20%/baclofen 5%/dexamethasone 2%/menthol 2%/camphor 2%/capsaicin 0.025% in cream base 30 g 72 hours supply given to patient from office, 210g will be mailed to patient's home. The patient's date of injury is from 02/20/2014 and she is currently off work. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The records show that the patient has not been prescribed is compound cream in the past. Baclofen is currently not supported in topical formulation based on the MTUS Guidelines. The request is not medically necessary.