

Case Number:	CM15-0055428		
Date Assigned:	03/30/2015	Date of Injury:	12/11/2009
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 68 year old male with an industrial injury dated December 11, 2009. The injured worker diagnoses include status post left knee surgery in 2011, lumbar degenerative disc disease and chronic cervical spine sprain with degenerative changes. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the qualified medical examiner report dated 11/25/2014, the injured worker reported lower back pain, left shoulder pain, neck pain and left knee pain. In a computerized range of motion progress report dated 2/23/2015, documentation noted decrease shoulder, cervical and lumbar spine range of motion. The treating physician prescribed Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor/Capsaicin .375%/Hyaluronic Acid .20% 180 grams now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 2%/Dexamethsone 2%/Menthol 2%/Camphor/Capsaicin .375%/Hyaluronic Acid .20% 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Flurbiprofen 20%/Baclofen 2%/Dexamethsone 2%/Menthol 2%/Camphor/Capsaicin .375%/Hyaluronic Acid .20% 180 grams in this injured worker, the records do not provide clinical evidence to support medical necessity.