

Case Number:	CM15-0057007		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2013
Decision Date:	05/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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:

The injured worker is a 50-year-old male, with a reported date of injury of 10/02/2013. The diagnoses include cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy, tendinitis/bursitis of the hips, medial collateral ligament sprain of the left knee, and cruciate ligament sprain of the left knee. Treatments to date have included an x-ray of the left knee, acupuncture therapy, and an MRI of the left hip. The progress report dated 12/10/2014 indicates that the injured worker complained of cervical spine pain, thoracic spine pain, lumbar spine pain, bilateral hip pain with numbness and tingling, and left knee pain with numbness and tingling. The objective findings include decreased left L4 and S1 deep tendon reflexes; positive orthopedic findings for the cervical spine, lumbar spine, bilateral hips, and left knee; painful and restricted range of motion for the cervical spine, thoracic spine, lumbar spine, bilateral hips, and left knee; and muscle spasms of the musculature surrounding the cervical spine, thoracic spine, lumbar spine, bilateral hips, and left knee. The treating physician requested Flurbiprofen / cyclobenzaprine / baclofen / lidocaine (date of service: 01/21/2015) for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Topical.

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

Decision rationale: The request is for a topical agent for pain containing flurbiprofen, cyclobenzaprine, baclofen and lidocaine. MTUS guidelines regarding topical analgesics states that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen and muscle relaxants like cyclobenzaprine are specifically not recommended for topical use, disallowing the requested treatment. This request is not medically necessary or appropriate.