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| Case Number: | CM15-0087806 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 02/17/2012 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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 (IW) is a 25-year-old male who sustained an industrial injury on 02/17/2012. He reported low back pain. The injured worker was diagnosed as having lumbago/ prolonged lumbar back sprain, rule out advanced disc. Treatment to date has included oral and topical medications with pain management and monitoring with urine toxicology screens. Currently, the injured worker complains of lumbosacral pain rated a 2/10 that is sharp and burning occurring on a frequent basis and radiating to the left leg and both buttocks with weakness on the right foot. On exam, the worker has limited right lateral flexion and rotation with no sign of nerve tension. There is a marked spasm on the right side. Requested for authorization is: Flurbiprofen 20 percent, Baclofen 5 percent, Dexamethasone 2 percent, Menthol 2 percent, Camphor 2 percent, Capsaicin 0.025 percent 180 gram cream 3x a day of 30 gram.

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 2 percent, Camphor 2 percent, Capsaicin 0.025 percent 180 gram cream 3x a day of 30 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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 radiating to the left leg, left hip, thigh, knee and bilateral buttocks with weakness on the right foot. The physician is requesting FLURBIPROFEN 20 PERCENT, BACLOFEN 5 PERCENT, DEXAMETHASONE 2 PERCENT, MENTHOL 2 PERCENT, CAMPHOR 2 PERCENT, CAPSAICIN 0.025 PERCENT 180 GRAM CREAM 3X A DAY OF 30 GRAM. The RFA was not included. The patient is currently not working. 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." Per the 02/26/2015 report, there is tenderness to palpation over the lower lumbar spine segment at L4, L5 and S1 level. Range of motion of the lumbosacral spine is decreased due to pain in all planes. The physician is requesting transdermal creams to be applied locally to help with discomfort. In this case, Baclofen a muscle relaxant is not supported in topical formulation. The request IS NOT medically necessary.