

Case Number:	CM15-0089138		
Date Assigned:	05/13/2015	Date of Injury:	01/17/2006
Decision Date:	06/16/2015	UR Denial Date:	04/10/2015
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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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(n) 38 year old male, who sustained an industrial injury on 1/17/06. He reported pain in his right ankle, thoracic and lumbar spine. The injured worker was diagnosed as having GERD, failed lumbar spine surgery, sciatica, right lower extremity radiculitis and lumbar spine herniated nucleus pulposus. Treatment to date has included physical therapy, Norco, a LSO back brace and requested FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe2%, Menthol 2%) cream (since at least 3/5/15). As of the PR2 dated 4/3/15, the injured worker reports lower back and right lower extremity pain. He rates his pain 9/10 currently, 7/10 at best and 10/10 at worst. Objective findings include a positive Kemp's sign bilaterally and decreased lumbar range of motion. The treating physician requested to continue FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe2%, Menthol 2%) 180gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe2%, Menthol 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%) in 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin, Baclofen, Other muscle relaxants, Capsaicin, NSAIDs, Voltaren Gel, Ketoprofen Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary and appropriately non-certified.