

Case Number:	CM15-0010630		
Date Assigned:	01/28/2015	Date of Injury:	09/06/2011
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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 31 year old male, who sustained an industrial injury on 9/6/11. On 1/20/15, the injured worker submitted an application for IMR for review of Baclofen2%, Flubiprofen 5%/Acetyl 15%, 180gm. The treating provider's hand written notes reported the injured worker requesting medication; complains of morning headaches, memory loss, insomnia, sharp dull aching pain in elbow, forearm, wrist, hand and fingers, lower back, bilateral knee pain, depressed, left shoulder pain and arm/scar pain - sensitive to touch. The diagnoses have included status post ORIF left forearm, cervical sprain, bilateral knee contusions and post trauma headache. Treatment to date has included EMG/NCS (3/26/14, CPAP, Left forearm surgery. On 12/30/14 Utilization Review non-certified Baclofen2%, Flubiprofen 5%/Acetyl 15%, 180gm. The MTUS, Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen/Flubiprofen/Acetyl 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with pain and weakness in his left upper extremity and both of his knees. The request is for BACLOFEN2% / FLUBIPROFEN5%/ ACETYL 15% 180GM. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Baclofen as topical cream. Given the lack of support for topical Baclofen, the request IS NOT medically necessary.