

Case Number:	CM15-0111549		
Date Assigned:	06/18/2015	Date of Injury:	11/30/2013
Decision Date:	07/16/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53-year-old female who sustained an industrial injury on November 30, 2013. She has reported injury to the thoracic spine, lumbar spine, right shoulder, and right wrist and hand and has been diagnosed with lumbar disc displacement with myelopathy, sciatica, thoracic disc displacement without myelopathy, partial tear of rotator cuff tendon of the right shoulder, carpal sprain/strain of the right wrist, and fibromyalgia. Treatment has included acupuncture, medications, and a work hardening therapy. There 3 plus spasm and tenderness to bilateral thoracic paraspinal muscles from T1-T8. There was 3 plus spasm and tenderness to bilateral lumbar paraspinal muscles from L2-S1 and multifidus. Kemp's test was positive bilaterally. Straight leg raise was positive on the right. There was plus 2 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. There were plus 3 spasm and tenderness to the right interior wrist and right posterior extensor tendons. The treatment request included topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5%, apply to affected area 2 times daily, 180 gm with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5%, apply to affected area 2 times daily, 180 gm with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS does not support topical Cyclobenzaprine, topical Baclofen, or topical Lidocaine in this formulation for this patient's condition. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.

Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, apply to affected area 2 times daily, 180 gm with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, apply to affected area 2 times daily, 180 gm with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). The MTUS states that although Ketoprofen is an NSAID it is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS does not support topical Ketoprofen, Gabapentin or cream, gel, or lotion form of Lidocaine for a patient's condition. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.