

Case Number:	CM15-0114375		
Date Assigned:	06/22/2015	Date of Injury:	01/23/2008
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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, Pain Management

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 66 year old male, who sustained an industrial injury on 1/23/2008. Diagnoses have included right shoulder impingement and arthrofibrosis. Treatment to date has included medication. According to the progress report dated 11/14/2014, the injured worker complained of right shoulder pain with an average intensity of 8/10. He reported that pain radiated to the right arm. Cervical spine exam revealed tenderness to palpation over the paracervical muscles and trigger point myospasms. Exam of the right shoulder revealed tenderness to palpation. The injured worker reported that medication only provided minimal relief. Authorization was requested for Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic acid 0.2% in cream base 240mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic acid 0.2% in cream base 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Baclofen Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic acid 0.2% in cream base 240mg, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Flurbiprofen 20%/Baclofen 10%/ Dexamethasone Micro 0.2%/Hyaluronic acid 0.2% in cream base 240mg is not medically necessary.