

Case Number:	CM15-0115370		
Date Assigned:	06/23/2015	Date of Injury:	01/14/2013
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
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 50-year-old male who sustained an industrial injury on 1/14/2013 resulting in continuous lumbar pain, which radiated into his right lower extremity, including tingling and numbness. The injured worker was diagnosed with low back pain with radiating symptoms to the right lower extremity, and right SI joint arthropathy. Treatment has included physical therapy, use of a home TENS unit, and oral and topical medication. All treatments are reported to offer slight relief of pain. The injured worker continues to report ongoing pain. Treating physician's plan of care includes topical compound medication (Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine), and Flexeril. The injured worker is temporarily, totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

One topical compound medication (Flurbiprofen 15%/Cyclobenzaprine 10%/Baclofen 2%/Lidocaine 5%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 114.

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

Decision rationale: Regarding the request for topical Flurbiprofen 15%/Cyclobenzaprine 10%/Baclofen 2%/Lidocaine 5%, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. Given these guidelines, this request is not medically necessary.