

Case Number:	CM15-0115705		
Date Assigned:	06/23/2015	Date of Injury:	08/13/2014
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
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: 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 37 year old male who sustained an industrial injury on 08/13/2014. The injured worker was diagnosed with exacerbation of pre-existing right medial gastrocnemius tear and rule out new right Achilles tendon tear. Treatment to date has included diagnostic testing with a recent right knee magnetic resonance imaging (MRI) in March 2015 which showed a small joint effusion and minimal chondromalacia. Other treatments include physical therapy, heel lifts, cam boot and medications. According to the primary treating physician's progress report on May 14, 2015, the injured worker continues to experience right knee, calf and right foot pain. The injured worker rates his pain level at 5/10. Motrin brings his pain level from a 7/10 to a 4/10. Examination documented that the right calf is still tender and swollen. Neurovascular was intact. Current medication is Motrin. The injured worker is not working. Treatment plan consists of continue with heel lifts, Cam boot, light walking and the current request for Flurbiprofen/Baclofen/Lidocaine Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine Cream 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesics Section NSAIDs Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of anti-depressant and anti-convulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. As at least one of the medications in this request for a compounded medication is not recommended by the guidelines, the request for Flurbiprofen/Baclofen/Lidocaine Cream 180gms is determined to not be medically necessary.