

Case Number:	CM15-0116519		
Date Assigned:	06/24/2015	Date of Injury:	09/28/2012
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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 38 year old male, who sustained an industrial injury on 9/28/2012. Diagnoses include normal lumbar spine per magnetic resonance imaging (MRI) dated 1/09/2014, mild thoracic non-compressive disc herniation, stable compared with prior examination on May 25, 2014, inflammatory condition, positive CRP on blood work, chronic right L4-S1 radiculopathy per EMG (electromyography)/NCV (nerve conduction studies) dated 2/10/2015 and myofascial pain and sprain of the cervical and lumbar spine. Treatment to date has included diagnostics, medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 5/13/2015, the injured worker reported cervical spine, thoracic spine and lumbar spine pain. He also reports diffuse tenderness to the abdomen and xyphoid process radiating from the mid back around the abdomen and chest area. Physical examination revealed decreased range of motion of the cervical, thoracic and lumbar spine. There was tenderness to the cervical paraspinals and hypertonicity of the trapezius muscles. There was tenderness to the thoracic and lumbar paraspinal muscles. The plan of care included diagnostics and topical medications and authorization was requested for Flurbiprofen 20%/Baclofen 5%/Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 220% Baclofen 5% Lidocaine 4%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS.

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

Decision rationale: Regarding the request for Flurbiprofen 220% Baclofen 5% Lidocaine 4%, 180gm, 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 220% Baclofen 5% Lidocaine 4%, 180gm is not medically necessary.