

Case Number:	CM15-0116534		
Date Assigned:	06/24/2015	Date of Injury:	12/10/2007
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 year old male who sustained an industrial injury on 12/10/07. Diagnoses are multiple disc disease of the cervical spine per MRI dated 1/19/13, chronic lumbar strain and left shoulder sprain/strain. In a progress report dated 5/26/15, the primary treating physician notes complaints of persistent pain in the neck and lower back. Neck pain is rated at 4/10 and lower back pain at 5/10. Both are frequent. Pain is made worse with weather and activities. The neck pain radiates down to the left arm. He states he is feeling a little better. He takes no medication as he continues to work unrestricted and does not want to be under the influence of any pain medication. He is currently doing acupuncture and physical therapy, which is increasing range of motion and decreasing pain. There is decreased range of motion of the cervical spine and positive cervical compression test on the right with radiation to the right upper extremity, and a slight decrease in sensation over the right anterior lateral arm. Muscle strength was normal. Straight leg raise was positive on the left with radiation to the posterior thigh. There was palpable muscle hypertonicity and tenderness over the cervical and lumbar paravertebral muscles, decreased range of motion in flexion and abduction of the left shoulder and tenderness over the upper trapezius muscle. The plan is to continue acupuncture and physical therapy, spine consultation-pending, and Flurbiprofen/Baclofen/Lidocaine topical cream as he does not like to take oral medication or be under the influence of pain medication while working. A progress note dated 4/16/15 notes the injured worker was scheduled for an appointment with a pain management specialist but cancelled it because he does not want to take pain medications. Work status is to continue working, unrestricted. Previous treatments include acupuncture, physical

therapy, naprosyn and Flexeril. The requested treatment is Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine Cream (20 Percent/5 Percent/4 Percent) 180 Gram:

Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Baclofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Flurbiprofen/Baclofen/Lidocaine Cream (20 Percent/5 Percent/4 Percent) 180 Gram is not medically necessary.