

Case Number:	CM15-0118578		
Date Assigned:	06/26/2015	Date of Injury:	11/08/2006
Decision Date:	09/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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 York

Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on November 8, 2006. He reported bilateral shoulder, bilateral upper extremity, wrists and hands pain, pelvis and hip pain. The injured worker was diagnosed as having status post open reduction internal fixation of the right greater tuberosity fracture, status post open reduction internal fixation of the right acetabulum, rule out impingement syndrome versus rotator cuff tear of the left shoulder and bilateral tennis elbow. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions, conservative care, medications and work restrictions. Currently, the injured worker complains of bilateral shoulder, bilateral upper extremity, wrists and hands pain, pelvis and hip pain with associated sleep disruptions. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 10, 2014, revealed continued pain as noted. It was noted the topical analgesic creams were ordered however the name of the cream was not provided. Evaluation on May 11, 2015, revealed continued pain as noted. It was noted the left shoulder had not received authorization for treatment as of yet. It was noted treatment would be focused toward the bilateral elbows, right shoulder, pelvis and hips. Home exercises and topical pain medications including topical analgesics were continued. Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% 120gms was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication compound Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the California (CA) MTUS guidelines, Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% cream is a topical analgesic that are primarily recommended for neuropathic pain after a trial of a first line oral therapy has failed. Furthermore, the guidelines state that any compounded product that contains at least one drug class that the FDA does not recommend is not recommended. Topical analgesics largely experimental in use with few randomized controlled studies to determine efficacy or safety. There is no evidence of failed first-line oral therapies or improvement in pain and function. In addition, it is noted Cyclobenzaprine and Baclofen lack clinical evidence supporting their efficacy when used topically. For these reasons Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% 120gms is not medically necessary.