

Case Number:	CM15-0118582		
Date Assigned:	06/26/2015	Date of Injury:	02/24/2012
Decision Date:	12/15/2015	UR Denial Date:	06/12/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial-work injury on 2-24-12. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar disc protrusion at L5-S1 on MRI on 7/1/14. Treatment to date has included medication, diagnostics, and lumbar surgery on 4/2/15. MRI results were reported on 7-1-14 of the lumbar spine noted lumbar disc protrusion at L5-S1 of 7 mm. Currently, the injured worker complains of lumbar spine pain rated 6 out of 10. Medication includes Motrin. Other medication list includes Gabapentin, Clonazepam, Naproxen, Cyclobenzaprine, Soma, Tramadol and Tylenol #3. Pain is better with rest and medication. She is working in current occupation. Per the primary physician's progress report (PR-2) on 6-1-15, exam notes healing incisions, limited range of motion due to pain, normal gait, normal neurological function, appropriate mood and affect. Current plan of care includes continuation of Motrin and topical cream and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of the oral medications was not specified in the records provided. Flurbiprofen is NSAID. "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Baclofen is a muscle relaxant. Per the cited guidelines, "Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical Baclofen." In addition, per the cited guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical Flurbiprofen and Baclofen are not recommended by MTUS. The medication Compound: Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm is not medically necessary in this patient.