

Case Number:	CM15-0120199		
Date Assigned:	06/30/2015	Date of Injury:	02/07/2011
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female who sustained an industrial injury on February 27, 2011. She has reported pain of the cervical spine, lumbar spine, and bilateral shoulders and has been diagnosed with cervical disc herniation with right upper extremity radicular pain, right chronic C6 denervation by electrodiagnostic criteria, chronic lumbar strain, and rule out disc herniation, right lateral epicondylitis, status post debridement, and right shoulder rotator cuff syndrome. Treatment has included medications, injections, and physical therapy. Cervical spine pain was rated a 7/10, lumbar spine pain was 3/10, bilateral shoulder pain was rated a 7/10. There was tenderness to palpation and spasms over the bilateral upper trapezius muscles. Range of motion was within limits. There was tenderness to palpation of the left shoulder with full range of motion. There was tenderness to palpation of the right shoulder with limited range of motion. There was tenderness to palpation of the lumbar spine. The treatment request included topical medication.

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%/5%/4%) 180 Grams: 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): 111-113.

Decision rationale: The patient presents with pain of the cervical spine, lumbar spine and bilateral shoulders. Diagnoses include cervical disc herniation with right upper extremity radicular pain, right chronic C6 denervation by electrodiagnostic criteria, chronic lumbar strain and rule out disc herniation, right lateral epicondylitis, status post debridement, and right shoulder rotator cuff syndrome. The current request is for Flurbiprofen /Baclofen/Lidocaine Cream (20%/5%/4%) 180 Grams. In the 5/18/15 (9B) treating report the physician states, "request authorization for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 gm Sig: Apply a thin layer 2-3 times per day or as directed". The MTUS Guidelines regarding topical analgesics state the following, "largely experimental and used with few randomized control trials to determine efficacy or safety". Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The Guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". In this case, we find the compound includes one or more agents (Baclofen and Lidocaine) not recommended for a topical application. Therefore, the entire compounded product is not recommended per MTUS. The current request is not medically necessary.