

Case Number:	CM15-0120238		
Date Assigned:	06/30/2015	Date of Injury:	09/01/2006
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 45 year-old male who sustained an industrial injury on 09/01/06 with resultant low back pain. His initial diagnoses included L4-5 degenerative disc disease, and stenosis. Treatments included physical therapy, pain medication, and lumbar fusion performed 10/02/14. His current diagnosis is lumbago, status post L4-5 fusion. Radiographic imaging of the lumbar spine on 10/10/14 demonstrated hardware is in good position with no changes. In a progress note dated 05/18/15 the injured worker reports persistent low back pain rated a 1-2 on a pain scale of 10. The pain was associated with numbness and tingling sensations. Physical examination reveals slight loss of range of motion with minimal palpable tenderness. There is no neurological findings in the lower extremities. It was noted that he was not utilizing any oral medications. He was performing his fulltime working commitment. Treatment recommendations include lightweight belt and vest, no prolonged standing or sitting, and Flurbiprofen / Baclofen / Lidocaine cream (20%/5%/4%) 180 gm. Date of Utilization Review: 06/08/15. Previously on 6/23/2014, the IW was noted to be utilizing Anexsia and Motrin medications.

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%) quantity 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic when treatment with oral first line medications have failed. The records did not show that the patient failed treatment with oral NSAIDs or first line anticonvulsant and antidepressant medications. The guidelines recommend that topical medications be utilized individually for better evaluation of efficacy. There is lack of guidelines support for the utilization of topical formulation of baclofen. The criteria for the use for Flurbiprofen 20%/ Baclofen 5% / Lidocaine 4% 180gm was not met. The request is not medically necessary.