

Case Number:	CM15-0120275		
Date Assigned:	06/30/2015	Date of Injury:	08/14/2014
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
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 40 year old male who sustained a work related injury 8/14/2014. Past history included a bilateral hernia repair May 12, 2015. According to a primary treating physician's progress report, dated May 26, 2015, the injured worker presented with cervical spine pain, rated 5-6/10 and had improved radiating pain to the left trapezius. He had not felt the back pain or tightness since his hernias was repaired. He was tender in the lower abdomen at the incision site. There was n no signs of infection. He had just completed the first acupuncture treatment to the cervical and lumbar spine. Objective findings are; slight loss of range of motion of the cervical and lumbar spine, small trigger point in the right quadratus lumborum muscles, left shoulder positive impingement sign with no evidence of rotator cuff tear. Diagnoses are acute lumbar strain, left paraspinal musculature; acute severe strain of the left trapezius muscle; bilateral lower extremity numbness. At issue, is the request for authorization for Flurbiprofen / Baclofen / Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical NSAIDs, Voltaren gel (Diclofenac), Lidocaine topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. 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 analgesics products can be utilized for the treatment of localized neuropathic when treatments with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The guidelines recommend that topical medications be tried individually for evaluation of efficacy. It is recommended that oral formulation of NSAID be utilized when indicated because chronic use of topical NSAID is associated with decreased efficacy. There is lack of guidelines support for the utilization of topical baclofen. The criteria for the use of flurbiprofen 20% / baclofen 5% / lidocaine 4% in 180gm were not met.