

Case Number:	CM15-0122804		
Date Assigned:	07/07/2015	Date of Injury:	08/30/2006
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old female, who sustained an industrial injury on 8/30/06. Initial complaints were not reviewed. The injured worker was diagnosed as having severe right C6-7 stenosis; right S1 radiculopathy; severe L5-S1 lumbar spinal stenosis rotator cuff tendonitis, mild carpal tunnel syndrome right. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5/18/15 indicated the injured worker complains of neck, mid and low back pain, right shoulder and bilateral wrist/hand pain. He returns to the office for follow-up of persistent pain in the neck, mid and low back rated at 5/10 which is frequent. The neck pain radiates down the right arm. His lower back pain radiates down the right lower extremity. His right shoulder pain is rated 4/10 and the bilateral wrist/hand pain is a 4-5/10 which is constant and the same. His pain is made better with rest and medications. He takes Tramadol that brings his pain level from 8 to r and allows her to do activities of daily living. The pain is made worse with cold weather and activities. Physical examination of the cervical spine revealed a decrease range of motion with tenderness to the paraspinals and trapezius muscles right greater than left. Shoulder depression test was positive and Spurling's test was positive on the right. Examination of the lumbar spine also revealed decreased range of motion with tenderness over the paraspinals right greater than left. Kemp's sign was positive bilaterally. The right shoulder revealed a slight decrease in range of motion and the Neer's and Hawkin's impingement tests were positive. There is tenderness over the acromioclavicular joint. The treatment plan included pending authorization for spine surgeon consultation, and internist; urine toxicology screening; continues Prilosec and

Tramadol and authorization for a large heating pad. The provider is requesting authorization of Flurbiprofen 20%/Baclofen 5%/Lidocaine cream 4% cream 180gm.

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 cream 4% cream 180gm: 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: Regarding this request, one of the components requested is topical baclofen. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 113 of 127 state the following: "Topical Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." Given these guidelines, the topical baclofen is not medically necessary. Since any formulation must have all components as recommended in order for the formulation to be medically necessary, this request is not medically necessary.