

Case Number:	CM15-0124585		
Date Assigned:	07/09/2015	Date of Injury:	08/16/2010
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

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 38 year old male who sustained an industrial injury on 8/16/10 when the patrol car he was riding in was rear-ended by a truck carrying a 30,000 pound load causing him to strike his head against the head rest and twisting his hand while trying to grab hold. He was medically evaluated, received x-rays, medications, cervical MRI (revealing bulging discs at two levels C2 and C6), nerve conduction study of upper extremities, physical therapy (18 months with relief). He currently complains of cervical spine pain with radiation to the left upper extremity with a pain level of 3-4/10 and 5/10 with forceful lifting; left medial elbow pain (6-7/10) with radiation to the left fourth and fifth digit; left foot pain (5-6/10) and with prolonged standing 7/10. On physical exam there was loss of range of motion of the cervical spine with positive cervical compression test on the left with radiation to the left upper arm; there was loss of range of motion of the left elbow, positive Mill's test, tenderness over the left medial elbow and trace positive Tinel's sign; there was tenderness over the medial and lateral surface of the left foot with prolonged walking. Medications are Motrin, Ultram. Diagnoses include neck pain and cervical spasm; left elbow medial epicondylitis, failed conservative management treatment; rule out cervical herniated disc: migraines. Diagnostics in addition to those previously noted include x-rays of cervical spine (12/5/14) showing possible erosive changes of the superior endplate of C3. In the progress note dated 1/16/15 the treating provider's plan of care included a request for Flurbiprofen/Lidocaine cream (20%/5%) 180 GM, utilization review evaluated a request for Flurbiprofen/ Baclofen Lidocaine cream (20%/5%/4%) 180 GM on 6/10/15.

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%) 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in August 2010 as the result of a motor vehicle accident and is being treated for neck, right finger, and left elbow pain. When seen, pain was rated at 2-10/10. There was medial left elbow tenderness with positive Tinel testing and pain with range of motion. Tylenol #3 was being prescribed. Authorization for the requested topical cream was made. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. In this case, the claimant has not had a trial of topical Diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.