

Case Number:	CM15-0125142		
Date Assigned:	07/09/2015	Date of Injury:	03/22/2009
Decision Date:	08/19/2015	UR Denial Date:	06/05/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 37 year old female, who sustained an industrial injury on 3/22/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc disease, status post lumbar fusion and failed lumbar spine surgery. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/28/2015, the injured worker complains of low back pain rated 7-8/10 without medications and 4/10 with medications. Physical examination showed lumbar paraspinal tenderness and decreased range of motion. The treating physician is requesting Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, baclofen 5%, and lidocaine 4% cream #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are lumbar disc disease, status post fusion; failed lumbar condition; left lower extremity radicular pain; L5 - S1 grade 2 spondylolisthesis with evidence of posterior fusion L4 through S1 and evidence bilateral laminectomy with space replacement at L5 - S1; and L5 - S1 grade 2 anterolisthesis. The date of injury is March 22, 2009. Request for authorization is dated May 29, 2015. There is no documentation in the progress notes dated April 20, 2015 or June 11, 2015 containing Flurbiprofen 20%, baclofen 5%, and lidocaine 4% cream. Utilization review examined a May 14, 2015 progress note. The June 11, 2015 progress note current list of medications does not include Flurbiprofen 20%, baclofen 5%, and lidocaine 4% cream. Additionally, there is no documentation demonstrating objective functional improvement. Flurbiprofen is not recommended. Topical baclofen is not recommended. Topical lidocaine in online order form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, baclofen and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, baclofen 5%, and lidocaine 4% cream #180 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, baclofen 5%, and lidocaine 4% cream #180 g is not medically necessary.