

Case Number:	CM15-0126042		
Date Assigned:	07/10/2015	Date of Injury:	06/10/2013
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on 6/10/2013. He reported accumulative trauma of the neck and low back. The injured worker was diagnosed as having multi-level cervical disc herniation, status post cervical fusion at C6-C7, lumbar disc herniation, and hearing loss, other non-orthopedic issues, and right elbow lateral epicondylitis. Treatment to date has included medications, neck surgery, and magnetic resonance imaging of the left shoulder (3/12/15). The request is for compound medication: Flurbiprofen/Baclofen /Lidocaine cream (20%/5%/4%) 180 gm. On 4/9/15 and 4/21/15, he had radiofrequency of the lumbar spine. On 4/29/2015, a PR2 indicated he was seen for follow up regarding his neck, low back, bilateral shoulder, and bilateral upper extremities. He was also being seen regarding issues with his bilateral ear, gastrointestinal system and psych. He rated his neck pain 4-5/10, and low back pain 3-4/10. He rated his bilateral shoulder pain 4/10. He reports taking Norco and Soma 2 tablets daily and indicated having improvement of his pain from 8/10 down to 4/10 after taking medications. He is also taking Xanax on an as needed basis. Physical examination revealed tenderness over the right elbow, and pain with resisted wrist extension. He is not working. The treatment plan included: magnetic resonance imaging of the right elbow, physical therapy, massage therapy, Flurbiprofen/Cyclobenzapine/Menthol cream, Voltaren gel, Diclofenac, Xanax, Norco, and Soma. An AME supplemental report on 5/21/2015 indicated a review of records. On 6/1/2015, he complained of persistent neck pain rated 3-4/10, low back pain rated 6/10, bilateral shoulder pain rated 6/10, and right elbow pain rated 9/10. He indicated the right elbow pain to be worsening. He takes Norco, which is indicated to take his pain down

from 8 to 4. Diclofenac reduces pain from 8 to 5, Xanax is reported to help him sleep and help with anxiety. He takes Soma for muscle spasms of the low back and it is reported to reduce pain from 8 to 4. He is not working. A decreased range of motion and tenderness are noted in the physical findings. The treatment plan included: pain management, and Flurbiprofen/Baclofen/Lidocaine cream, and Soma, Baclofen, Xanax, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: 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 rationale: The CA MTUS guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Flurbiprofen is an NSAID (non-steroidal anti-inflammatory drug). Topical creams containing NSAIDs per the CA MTUS may be recommended for short term for osteoarthritis and tendinitis. Topical NSAIDs are not recommended for osteoarthritis of the spine, hip, or shoulder. The CA MTUS states that Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. The CA MTUS guidelines indicate that Lidoderm is the only approved formulation of Lidocaine, and that no other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Flurbiprofen/Baclofen/Lidocaine cream is a compounded product that contains drugs not recommended by the CA MTUS. Therefore, the request for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 gm is not medically necessary.