

Case Number:	CM15-0126608		
Date Assigned:	07/13/2015	Date of Injury:	02/16/2009
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
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, California

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 02/16/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical six to seven radiculopathy, cervical sprain/strain syndrome with discopathy, bilateral upper extremity overuse tendinopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar sprain/strain syndrome with chronic lumbago and discopathy, lumbar four to five and lumbar five to sacral one right sided radiculopathy, lumbar five to sacral one disc protrusion, multi-level lumbar stenosis, bilateral knee arthrosis, status post left knee total knee replacement, status post right knee arthroscopy, severe right knee arthrosis, and status post right total knee replacement. Treatment and diagnostic studies to date has included laboratory studies, acupuncture, medication regimen, home exercise program, above listed procedures, and chiropractic therapy. In a progress note dated 04/24/2015 the treating physician reports complaints of pain to the neck, bilateral shoulders, low back, right hip, knee, ankle/feet, and arms/hands/fingers. The treating physician noted spasms and stiffness to the low back, soreness to the left knee, and trigger fingers. Examination reveals significant edema to the right lower extremity that was noted to be a plus two, mild sciatic stretch bilaterally, mild pain with strength testing, decreased range of motion to the lumbar spine, tenderness from the thoracolumbar spine to the base of the pelvis, tightness to the bilateral paralumbar muscles, tenderness to the buttocks, and tenderness with pelvic stress. The injured worker's current medication regimen included Tramadol, anti-inflammatory medications, Pepcid, and creams. The injured worker's

pain is rated a 6 out of 10 to the knee and the ankles/feet; a 7 out of 10 to the neck, bilateral shoulders, and the arms/hands/fingers; and an 8 out of 10 to the low back and the right hip, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of his current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medication Flurbiprofen 15%, Gabapentin 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% cream apply a thin layer 1 to 2 grams to the affected area 3 to 4 times a day with the treating physician noting that the use of this topical cream has been.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Gabapentin 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. Topical muscle relaxants such as Cyclobenzaprine and topical Gabapentin are not recommended due to lack of evidence. In addition, the claimant had been on the above medication for several months and long term use of topical medications is not indicated. Since the Flurbiprofen 15%, Gabapentin 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% cream above contains these topical medications, the compound in question is not medically necessary.