

Case Number:	CM15-0126958		
Date Assigned:	07/13/2015	Date of Injury:	08/17/2010
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male sustained an industrial injury to the low back, left shoulder, bilateral knees and bilateral feet on 9/7/10. Previous treatment included left foot surgery, left knee arthroscopy, physical therapy, injections and medications. Computed tomography lumbar spine (3/24/15) showed moderate disc bulges at L4-5 and L5-S1 with bilateral neuroforaminal narrowing. In a PR-2 dated 5/27/15, the injured worker complained of persistent low back pain rated 7-8/10 on the visual analog scale with radiation down both legs, left shoulder pain rated 4/10 associated with weakness, bilateral knee pain rated 6-8/10, left foot pain rated 7-8/10 and right foot pain rated 4/10. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with hypertonicity, decreased sensation to the bilateral L4-5 distribution and left S1 distribution and decreased deep tendon reflexes. Current diagnoses included left knee posttraumatic osteoarthritis, left foot multiple fractures, left talus avascular necrosis, left knee meniscal tear, status post arthroscopy, left knee posttraumatic medial compartment osteoarthritis, rule out new left knee meniscal tear, left shoulder partial rotator cuff tear, lumbar disc herniation with left lower extremity radicular pain, inguinal hernia and psychiatric condition. The treatment plan included follow-up with a podiatrist and general surgeon, computed tomography of the brain, continuing treatment with the pain management specialist, a psychiatry appointment, follow up with a neurologist and requesting authorization for Flubiprofen 20%/Baclofen 5%/Lidocaine 4% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 20%/Baclofen 5%/Lidocaine 4% 180gm: 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): 111-113.

Decision rationale: The patient presents with pain affecting the lumbar spine, left shoulder, left knee, and bilateral foot. The current request is for Flubiprofen 20%/Baclofen 5%/Lidocaine 4% 180gm. The treating physician states in the report dated 5/27/15, "I would like to request Flubiprofen 20%/Baclofen 5%/Lidocaine 4% 180gm cream in an attempt to control his pain further and wean from the stronger pain medications." (17B) The MTUS guidelines only recommended lidocaine as a dermal patch and not as a cream. In this case, the treating physician has prescribed a medication that is not supported by the MTUS guidelines. The current request is not medically necessary.