

Case Number:	CM15-0128057		
Date Assigned:	07/15/2015	Date of Injury:	03/20/2014
Decision Date:	09/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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

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:

The injured worker is a 36 year old injured worker who sustained an industrial injury on 3/20/14. The injured worker was diagnosed as having acute lumbar strain, rule out lumbar disc herniation, left lower extremity radicular pain and mild foraminal narrowing at L4-L5 and L5-S1 related to facet hypertrophic changes per magnetic resonance imaging. Currently, the injured worker was with complaints of lower back pain. Previous treatments included medication management, rest. Previous diagnostic studies included a magnetic resonance imaging (June 2014). The injured work status was noted as modified work - working with restrictions. The injured workers pain level was noted as 7/10. Physical examination was notable for decreased lumbar range of motion, tenderness to lumbar paraspinals and sacroiliac joint with positive straight leg raise on the left. The plan of care was for Compound: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, 180 grams, no NDC#, no refills, and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, 180 grams, no NDC#, no refills, topical analgesics: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The patient presents with lower back pain 7/10. The request is for Compound: Fluriprofen 20%, Baclofen 5%, Lidocaine 4%, 180 Grams, No Ndc#, No Refills, Topical Analgesics. The request for authorization is dated 06/15/15. Physical examination of the lumbar spine revealed decreased range of motion and tenderness to the paraspinals, as well as the sacroiliac joints. There was positive straight leg raise on the left at 70 degrees at the posterior thigh. There was slight decreased quadriceps strength at 4+/5 bilaterally and decreased at 4/5 at L4. The pain is made better with rest and medication. Patient's medication include Motrin. Per progress report dated 06/04/15, the patient is returned to modified work. MTUS has the following regarding topical creams (p111, chronic pain section): "TopicalAnalgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 01/21/15, treater's reason for the request is "in an attempt to wean her from Motrin as she has complained of slight gastrointestinal upset secondary to Motrin use." Patient has been prescribed compounded topical cream since 01/21/15. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Finally, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request is not medically necessary.