

Case Number:	CM15-0128251		
Date Assigned:	07/15/2015	Date of Injury:	01/30/2014
Decision Date:	09/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/03/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 1/30/2014. The mechanism of injury is unclear. The injured worker was diagnosed as having left hip trochanteric bursitis, left hip iliotibial band syndrome, and history of left lower extremity sciatica. Treatment to date has included rest, medications. The request is for Flurbiprofen, Baclofen, Lidocaine cream 180 gm. On 5/18/2015, he complained of lumbar spine and left hip pain. He rated his pain 4-5/10 and indicated it was better with therapy and rest. He is currently working. Physical findings revealed a decreased range of motion of the lumbar spine, and tenderness to the low back. The treatment plan included: physical therapy, continuation of TENS unit, and Flurbiprofen, Baclofen, Lidocaine cream 180 gm. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Baclofen, Lidocaine cream, 180 gm: 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): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic contains Flurbiprofen, Baclofen and Lidocaine. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical necessity of the requested compounded medication has not been established. The requested topical analgesic compound is not medically necessary.