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| Case Number: | CM15-0129420 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 02/16/2014 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male with an industrial injury dated 02/16/2014. The injured worker's diagnoses include right ankle sprain, right ankle severe ligament tears rule out meniscal and ligamentous tear, right knee strain and status post right knee Brostrom lateral ankle stabilization procedure dated 01/27/2015. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/18/2015, the injured worker reported lumbar spine, right knee, right hip and right ankle pain. Objective findings revealed healing surgical incision over the lateral malleoli and decrease range of motion with plantar dorsiflexion. Lumbar spine exam revealed decrease range of motion with tenderness in the paraspinals. The treatment plan consisted of medication management and follow up appointment. The treating physician prescribed Compound Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream 180gm now under review.

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% cream 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for low back and right lower extremity pain. He underwent right ankle ligament reconstructive surgery. When seen, pain was rated at 8/10. Medications were decreasing pain to 5-6/10. His BMI was over 35. There was decreased lumbar spine range of motion with tenderness. There was decreased ankle range of motion with a healed surgical incision. Ultram and Peri-Colace were prescribed. Authorization for a topical compounded cream was requested. This request is for a compounded topical medication with components including, Flurbiprofen and baclofen. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.