MAXIMUS Federal Services

Case Number:	CM15-0129436		
Date Assigned:	07/16/2015	Date of Injury:	09/08/2014
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 52 year old male, who sustained an industrial injury on September 8, 2014. The injured worker was diagnosed as having lumbar strain, lumbar laminectomy, left shoulder rotator cuff strain and left frozen shoulder. Treatment to date has included surgery, nerve conduction study and medication. A progress note dated June 3, 2015 provides the injured worker complains of neck pain rated 8/10 and worsening and back and left shoulder pain rated 9/10 and worsening. He reports Lidoderm decreases pain from 9/10 to 5/10 and that acupuncture helps the back but not the shoulder. Physical exam notes cervical and left shoulder tenderness with decreased range of motion (ROM). There is positive shoulder impingement. The plan includes topical medication, magnetic resonance imaging (MRI) and surgical consultation, lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, and Lidocaine 4% cream, 180gm (apply 2-3 times a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects - Flurbiprofen (Ansaid, generic available); Topical Analgesics Page(s): 72, 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Baclofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Flurbiprofen 20%, Baclofen 5%, and Lidocaine 4% cream, 180gm is not medically necessary.