

Case Number:	CM15-0129816		
Date Assigned:	07/13/2015	Date of Injury:	03/08/2012
Decision Date:	08/17/2015	UR Denial Date:	06/05/2015
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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained an industrial injury on 3/8/12. She has reported initial complaints of a left shoulder injury. The diagnoses have included left shoulder anterior labrum tear, left wrist tendinitis, and status post arthroscopic ganglion cyst excision and debridement of the left wrist. Treatment to date has included medications, activity modifications, surgery, diagnostics, rest, physical therapy and other modalities. Currently, as per the physician progress note dated 5/20/15, the injured worker complains of cervical spine, bilateral shoulders and left wrist pain rated 8/10 on pain scale and the neck and shoulder pain radiate down both arms with weakness, numbness and tingling. The pain is made better with medications and rest. The objective findings reveal that the left shoulder has decreased range of motion due to pain, tenderness and decreased strength at 4/5 with flexion and extension. The exam of the right shoulder revealed slight decreased range of motion, decreased strength and positive Hawkin's and Neer's sign in the bilateral shoulders. The exam of the left wrist reveals a healed dorsal incision, tenderness, and pain with active supination and pronation. The current medications were not listed. The urine drug screen dated 4/13/15 was consistent with the medications prescribed. The physician requested treatment included Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 grams to control the pain and wean her from the Non-steroidal anti-inflammatory drugs as she does have gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 grams: 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: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when first-line oral agents have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for Flurbiprofen/Baclofen/Lidocaine cream. Baclofen is specifically not recommended. Lidocaine is only recommended in the form of a dermal patch. No other commercially approved formulation (creams, lotions, gels) of lidocaine is recommended. Therefore, this cream is not recommended and is not medically necessary.