

Case Number:	CM15-0129855		
Date Assigned:	07/16/2015	Date of Injury:	09/09/2011
Decision Date:	09/08/2015	UR Denial Date:	06/03/2015
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 73 year old male, who sustained an industrial injury on 9/9/11. He reported a back injury while lifting a TV. The injured worker was diagnosed as having L4-5 stenosis with anterolisthesis, disc herniation at L3-4, L4-5 and L5-S1, multilevel facet osteoarthritis and right active L5 denervation. Treatment to date has included oral medications including Tramadol and Flexeril, physical therapy, epidural injections and activity restrictions. Currently on 5/22/15, the injured worker complains of Persistent pain in the lower back rated 7/10 with radiation down both legs with some weakness and numbness. He notes the pain is improved with rest and medication, and Tramadol takes the pain down from 8 to 4. He is currently working. Physical exam performed on 5/22/15 noted decreased range of motion of lumbar spine with decreased strength and sensation at L4-5 bilaterally and positive straight leg raise. The treatment plan included request for authorization of extension for consultation with spine surgeon, extension of urine toxicology screen and Flurbiprofen-Baclofen-Lidocaine cream 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound RX 180mg Flurbiprofen 20% Baclofen 5% Lidocaine 4%: Upheld

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

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. Flurbiprofen, used as a topical NSAID, has been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another two-week period. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation provided necessitating the use of Baclofen. The requested topical analgesic compound is not medically necessary.