

Case Number:	CM15-0144178		
Date Assigned:	08/31/2015	Date of Injury:	10/06/2012
Decision Date:	10/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old, male who sustained a work related injury on 10-6-12. The diagnoses have included lumbar spine sprain with radiation of pain into both legs and status post left shoulder arthroscopy with adhesive capsulitis, rule out recurrent internal derangement. Treatments have included oral medications, rest and use of a cane. In the PR-2 dated 6-25-15, the injured worker reports lumbar spine and bilateral shoulder pain. The bilateral shoulder pain continues, left greater than right. He rates his left shoulder pain a 6-7 out of 10 which becomes an 8 out of 10 with any heavy lifting and prolonged motions at or above shoulder level. He notes the left shoulder pain will radiate up to the shoulder and to the parascapular area. He also states he has frequent lower back pain with radiating pain into both legs. He rates his back pain an 8 out of 10. He reports the Tramadol taken two tablets a day brings his pain level down from 8 out of 10 to 4 out of 10. The pain is made better with rest and medications. The pain is made worse with changes in the weather and activities. On physical exam, left shoulder reveals loss of range of motion, considered significant. Flexion and extension are both less than 100 out of 180, internal rotation is 60 out of 90 and external rotation is 45 out of 90. He is currently not working. The treatment plan includes pending authorizations for MRIs of the lumbar spine and left shoulder and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: Flurbiprofen, Baclofen, Lidocaine, (dosage, qty unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with persistent pain in the neck radiating down to the bilateral arms, low back radiating to the right leg, and left shoulder rate 7/10. The request is for Topical Cream: Flurbiprofen, Baclofen, Lidocaine, (Dosage, Qty Unspecified). The request for authorization is not provided. Physical examination of the left shoulder revealed loss of range of motion. There was positive empty can sign. Exam of the lumbar spine revealed tenderness over the paraspinals. There was positive Kemp's sign on the right. There was decreased strength and sensation at 4/5 on the right L4-L5 only. Per progress report dated 07/28/15, the patient is not currently working. MTUS, Topical Analgesics section, page 111 has the following: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. Patient has been prescribed compounded topical cream since 01/21/15. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Finally, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request is not medically necessary.