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| Case Number: | CM15-0026223 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 05/22/2014 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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, Michigan, 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 51 year old female who sustained an industrial injury on 05/22/2014. Diagnoses include cervical sprain/strain, lumbar sprain or strain, right knee sprain or strain, and left knee sprain or strain. Treatment to date has included medications, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, physical therapy and chiropractic sessions. A physician progress note dated 01/07/2015 documents the injured worker has pain in the cervical spine rated 7 out of 10, lumbar spine with pain rated 6 out of 10, right knee with pain rated 5 out of 10, and left knee with pain rated 7 out of 10. Range of motion is limited in the cervical and lumbar spine and both right and left knee. There is tenderness and muscle spasm to the cervical and lumbar paravertebral muscles. Right knee has tenderness to palpation of the anterior knee, medial knee, and posterior right knee with muscle spasm, and tenderness to palpation of the anterior, lateral, medial and posterior left knee with muscle spasm. McMurray's is positive with both knees. Treatment requested is for RETROSPECTIVE Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%-30grams, and RETROSPECTIVE Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%-210 grams. On 01/29/2015 Utilization Review non-certified the request for RETROSPECTIVE Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%, and RETROSPECTIVE Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Topical Analgesics, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 12/31/14).

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. That 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. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic ankle pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for RETROSPECTIVE Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2% is not medically necessary.

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