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| Case Number: | CM15-0064108 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 06/06/2011 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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 (IW) is a 49-year-old male who sustained an industrial injury to his right shoulder, right knee, right foot and ankle and mid and low back on 06/06/2011. Diagnoses include rotator cuff syndrome, knee pain and low back pain. Treatment to date has included medications, shoulder arthroscopy, knee brace and physical therapy. Diagnostics included x-rays and MRIs. According to the progress notes dated 3/10/15, the IW reported pain in the right side of the body, legs, shoulder and upper, mid and lower back. A request was made for compound cream of Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin and Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream of flurbiprofen, baclofen, cyclobenzaprine, gabapentin, and lidocaine:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Capsaicin, Baclofen, Gabapentin Page(s): 112.

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. There is no proven efficacy of topical application of flurbiprofen, gabapentin and cyclobenzaprine. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of the Compound cream of flurbiprofen, baclofen, cyclobenzaprine, gabapentin, and lidocaine is not medically necessary.