

Case Number:	CM15-0070537		
Date Assigned:	04/20/2015	Date of Injury:	09/13/2007
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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

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 61 year old, male who sustained a work related injury on 9/13/07. The diagnoses have included cervical disc displacement, cervical radiculopathy, lumbar disc displacement, sciatica, lumbar radiculopathy and right shoulder rotator cuff syndrome. The treatments have included physical therapy, injections, medications, MRIs and home exercises. In the PR-2 dated 11/17/14, the injured worker complains of right shoulder pain. He rates this pain a 7/10. He complains of neck and low back pain. He rates this pain a 7/10. He complains of numbness and tingling radiating down the leg. The requested treatment of medicated pain cream is not noted in the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%, 180gm, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. The MTUS also states that topical baclofen is specifically not recommended due to lack of supportive data. In the case of this worker, he was recommended a topical combination/compounded analgesic: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% to help treat his pain. However, the flurbiprofen is not appropriate for use on the spine or shoulder and the analgesic medication contains baclofen, which is not recommended. Therefore, the request for this topical analgesic in its entirety will be considered as medically unnecessary.