

Case Number:	CM15-0075981		
Date Assigned:	04/27/2015	Date of Injury:	01/10/2013
Decision Date:	05/29/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/21/2015

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: Internal 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 54 year old male who sustained an industrial injury on January 10, 2013. He has reported left shoulder pain and has been diagnosed with status post left carpal tunnel release, status post left cubital tunnel release, sprain/strain neck, left upper extremity radiculopathy, and left shoulder impingement syndrome other affections of the shoulder region. Treatment has included surgery, physiotherapy, and medications. Currently the injured worker had numbness and tingling to the left shoulder, arm, elbow, wrist, and hand. The treatment request included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL: Flubiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin .0375%/Hyaluronic Acid .20%, 180grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document a history of neck sprain and strain, upper extremity, radiculopathy, shoulder impingements syndrome, cubital tunnel release surgery, and carpal tunnel release surgery. MTUS guidelines do not support the use of compounded topical analgesics containing Baclofen. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, MTUS guidelines do not support the request for a compounded topical product that contains Baclofen, Flubiprofen, Dexmethasone, Menthol, Camphor, Capsaicin, and Hyaluronic Acid. Therefore, the request for topical Flubiprofen, Baclofen, Dexmethasone, Menthol, Camphor, Capsaicin, and Hyaluronic Acid is not medically necessary.