

Case Number:	CM15-0078682		
Date Assigned:	04/29/2015	Date of Injury:	05/14/2014
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: Preventive Medicine, Occupational 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 40-year-old female, who sustained an industrial injury on May 14, 2014. The injured worker has been treated for neck and low back complaints. The diagnoses have included lumbar disc displacement without myelopathy, lumbar spine sprain/strain, right lower spine radiculopathy, cervicgia, cervical disc displacement, cervical sprain/strain and degeneration of cervical intervertebral disc. Treatment to date has included medications, radiological studies, physical therapy and acupuncture treatments. Current documentation dated April 7, 2015 notes that the injured worker reported neck and low back pain. Examination of the cervical spine revealed tenderness to palpation and spasms of the paravertebral muscles and a decreased range of motion. Spurling's test was negative. Examination of the lumbar spine revealed tenderness to palpation and spasms of the paravertebral muscles and a decreased range of motion. Special testing was noted to be negative. The treating physician's plan of care included a request for the compounded medication Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025% and Hyaluronic acid 0.2%, in a cream base for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic acid 0.2% in cream base for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic acid 0.2% in cream base for the lumbar spine is not medically necessary.