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| Case Number: | CM15-0092398 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 09/15/2006 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female who sustained an industrial injury on 09-15-06. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and rest. Diagnostic studies are not addressed. Current complaints include headache, neck, thoracic, bilateral shoulder, arm, hand elbow, and wrist pain; sacral, lumbar, bilateral sacroiliac, right buttock, hip, leg, knee, shin, ankle foot, calf, and pelvic pain rated at 8/10. Current diagnoses include rotator cuff syndrome, cervical and lumbar intervertebral disc disorder with myelopathy, internal derangement of the knee, and tear of medial cartilage or meniscus of the knee. In a progress note dated 04-09-15 the treating provider reports the plan of care as physical therapy to the shoulders, cervical and lumbar spines, and medication including gabapentin and FCL topical compound, as well as an interferential unit. The requested treatment includes FCL topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% in 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2006 and continues to be treated for widespread pain including pain throughout the spine, bilateral upper and lower extremities, and headaches. When seen, her BMI was over 34. Physical examination findings included multiple areas of tenderness with decreased range of motion. She had difficulty transitioning positions. Neural tension signs in the cervical and lumbar spine were positive. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.