

<b>Case Number:</b>	CM13-0032093		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old with a date of injury of 03/20/2009. The listed diagnoses per [REDACTED] dated 09/13/2013 are cervical disk disease, and degenerative disc disease, lumbar region. According to report dated 09/13/2013 by [REDACTED] the patient presents with continued back pain. Patient states "pain radiates to his neck, to the right side, where it has become stiff and he has constant pain." Examination revealed forward flexion "absolutely limited." This is the extent of the report and no other examination notes were provided. Treater requests Percocet and Flurbiprofen/Tramadol/Baclofen topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical flurbiprofen/tramadol/baclofen compound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 111.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with continued back pain. Treater requests Flurbiprofen/Tramadol/Baclofen topical cream to reduce pain. The Chronic Pain Medical Treatment Guidelines has the following regarding topical

creams (p111, chronic pain section): "for non-steroidal antiinflammatory agents (NSAIDs) the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs (non-steroidal anti-inflammatory deugs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." This patient does not meet the indication for this topical medication as he does not present with any osteoarthritis or tendinitis symptoms. In addition, Tramadol is not tested for transdermal use with any efficacy and Baclofen is not recommended in any topical formulations. The request for the topical compound flurbiprofen/tramadol/baclofen is not medically necessary or appropriate.