

<b>Case Number:</b>	CM13-0057360		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/31/2000
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, and is licensed to practice in Texas. 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 40-year-old female who reported a work-related injury on 1/31/00. The mechanism of injury was the repetitive motion of opening boxes and putting them on shelves. The patient's diagnosis was a lumbar sprain. Documentation from 7/19/13 revealed that the patient had complaints of right shoulder pain and right S1 type radiculopathy. The patient described cervical radiculopathy with paresthesia, mainly in the right fourth and fifth digits of the hand, and the patient stated she had a weak stomach.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen/Cyclobenzaprine/Flurbiprofen/Lidocaine (10/4/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 111-113.

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

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. There is no peer-reviewed literature to support the use of topical baclofen, or topical Cyclobenzaprine. The addition of Cyclobenzaprine to other agents is also not recommended. No other commercially approved topical formulations of lidocaine apart from Lidoderm are indicated for neuropathic pain. FDA approved routes of Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants. Topical baclofen, Cyclobenzaprine, lidocaine, and Flurbiprofen are not recommended. Additionally, there was a lack of documentation for the requested date of service of 10/4/13. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request is not medically necessary.