

<b>Case Number:</b>	CM14-0112544		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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/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 injured worker is a 48-year-old female who reported an injury on 03/02/2010. The mechanism of injury was not provided. The injured worker's diagnoses include status post right shoulder arthroscopy with arthroscopic subacromial decompression and rotator cuff debridement, chronic cervical myofascial pain. The injured worker's past treatments include pain medications, topical analgesics, shoulder surgery. In the clinical note dated 06/03/2014, the injured worker complained of neck pain and stiffness which occasionally keep her awake at night. The injured worker complains of intermittent pain in the right shoulder. The injured worker had tenderness in the posterior cervical and bilateral trapezoids and decreased range of motion. The injured worker's medications include Ultram 50 mg twice a day for breakthrough pain and BCFLH (baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, hyaluronic acid 0.2%) topical cream. The injured worker stated she wanted to avoid narcotic pain medication. The request was for BCFLH (baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, hyaluronic acid 0.2%) 120 g with 2 refills. The rationale for request was the injured worker requested to stay away from oral pain medication as much as possible. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BCFLH ( Baciofen 2%, Cyclobenzaprine, Flurbiprofen 15% Lidocaine5%, Hyaluronic Acid 0.2%) 120gms with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-112.

**Decision rationale:** The injured worker was diagnosed with status post right shoulder arthroscopy with arthroscopic subacromial decompression and rotator cuff debridement and chronic cervical myofascial pain. The injured worker complains of neck pain and stiffness which occasionally keep her awake at night. The California MTUS Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that any compounded product that contains at least 1 drug that is not recommended, is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence about trial of first line therapy such as gabapentin or Lyrica. Lidoderm is the only FDA approved formulation of lidocaine. BCFLH contains baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, and hyaluronic acid 0.2%. The request for BCFLH topical cream includes 5% lidocaine, which is not an approved formulation of lidocaine. The medical records lack documentation of failed first line therapy such as gabapentin or Lyrica. The medical records do not indicate the efficacy of the current medication regimen to include functional status and pain. The medical records do not indicate that the injured worker has not responded to or is intolerant of other treatments. The requesting physician prescribed the injured worker Ultram tablets. There is no documentation of efficacy of the new prescription. Additionally, the request does not indicate the dosage, frequency, topical site in which for the medication to be applied. As such, the request for BCFLH (baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, hyaluronic acid 0.2%) 120 g with 2 refills is not medically necessary.