

<b>Case Number:</b>	CM14-0190558		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	05/21/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Occupational 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 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:

This is a 45-year-old female with a 5/21/09 date of injury. According to a handwritten and largely illegible progress report dated 10/28/14, the patient complained of increased pain in the low back radiating to the right > left leg. He reported his pain as an 8/10. Objective findings: lumbar spine is tender from L2 to L5 level bilaterally, decreased range of motion of lumbar spine, bilateral spinal muscle spasms, SLR positive bilaterally on 60-degree elevation of the legs, DTR 1+ bilaterally at the knee levels. Diagnostic impression: bilateral lumbar spine radiculopathy, failed back syndrome, failed all therapies. Treatment to date: medication management, activity modification, ESI, physical therapy. A UR decision dated 11/3/14 denied the requests for Dilaudid and BCFL (Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 1.5%, Lidocaine 5%, Hyaluronic Acid 0.2%) #240 g. Regarding Dilaudid, documentation does not identify measurable analgesic benefit with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. There is no documentation of UDS performed to monitor compliance and screen for aberrant behavior, and no documentation of a signed opiate agreement. Regarding BCFL, there is no evidence for use of cyclobenzaprine or baclofen as a topical product.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Dilaudid 4mg #120 was not medically necessary.

**BCFL (Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 1.5%, Lidocaine 5%, Hyaluronic Acid 0.2%) #240 g:** 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 Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not recommend the use of baclofen, cyclobenzaprine, flurbiprofen, or lidocaine in a topical cream/lotion/ointment formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for BCFL (Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 1.5%, Lidocaine 5%, Hyaluronic Acid 0.2%) #240 g was not medically necessary.