

<b>Case Number:</b>	CM14-0191439		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & 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 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 45 year old female injured worker with date of injury 8/11/11 with related foot and low back pain. Per progress report dated 10/17/14, the injured worker rated her foot pain 7/10. She described her back pain as burning and rated it 7/10. She also complained of burning pain in the bilateral hips which she rated 7/10. Per physical exam, the lumbar spine was tender from the thoracolumbar area down to the base of the pelvis. The paralumbar musculature was slightly tight, and the buttocks were tender. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/3/14. The date of UR decision was 11/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATIONS: Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine Cream:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,60 and 111-113.

**Decision rationale:** Per MTUS with regard to Flurbiprofen (page 112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen is indicated for the injured worker's foot pain. Per MTUS page 113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen and cyclobenzaprine are not indicated. Per MTUS page 113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical lidocaine, MTUS states (page 112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As multiple components of the compound are not recommended, the compounded medication is not recommended. The request is not medically necessary.

**MEDICATIONS: Flurbiprofen/Baclofen/Gabapentin/Lidocaine Cream: Upheld**

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