

<b>Case Number:</b>	CM14-0199984		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is an injured worker who sustained a work-related injury on October 22 2011. Subsequently, the patient developed a chronic back and neck pain. According to a progress report dated on November 13 2014, the patient was complaining of ongoing shoulder, cervical and lumbar spine. The patient physical examination demonstrated lumbar tenderness, cervical and lumbar restricted range of motion. The patient was diagnosed with cervical sprain and shoulder pain. The provider requested authorization for the following topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 2%/Flurbiprofen 5%/L-Carnitin 15%, apply topically to affected area 2-3 times daily as directed by MD, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that Baclofen cream a component of the proposed topical analgesic is effective for the treatment of back, shoulder and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for Baclofen 2%/Flurbiprofen 5%/L-Carnitine 15%, apply topically to affected area 2-3 times daily as directed by MD, #180 is not medically necessary.