

<b>Case Number:</b>	CM14-0203894		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 has a date of injury on August 20, 2009. The mechanism of injury was a motor vehicle accident while driving a truck. Injury was to the cervical spine resulting in chronic neck pain with upper extremity radiation. The pain is predominantly in the left shoulder region. Physical Examination results report signs of impingement syndrome. Request is being made for a compound topical analgesic with flurbiprofen, baclofen, cyclobenzaprine and lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurb/Baclo/Cyclo/Lido provided on date of service 3/14/13:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation US National Institutes of Health (NIH) National Library of Medicine (NLM) PubMed, 2014. (<http://www.ncbi.nlm.nih.gov/pubmed/>)

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

**Decision rationale:** Injured workers is being treated for chronic neck pain following whiplash injury. There is limited improvement with physical therapy. Trial of compounded topical analgesic-containing baclofen, cyclobenzaprine Lidoderm and flurbiprofen is being prescribed. MTUS guidelines does not recommend baclofen or other muscle relaxants as a topical compound. Furthermore compounding agent containing any agent which is not recommended would be considered not recommended. Therefore the request as written is not medically necessary.