

<b>Case Number:</b>	CM14-0203980		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/12/2014
<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. The expert reviewer is Board Certified in Emergency 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 injured worker was a 44 year old male, who was injured on the job May 19, 2012. The injured worker sustained a lifting injury to the back. The injured worker was diagnosed with lumbar multilevel discogenic disease, lumbar annular tear and radiculopathy. The injured worker had continued complaints of low back pain, persistent back spasms with radiation to the lower extremities. The injured worker had returned to work with modifications of no prolonged standing or walking, climbing, bending, stooping and must wear a back brace at work and a 15 pound weight lifting restriction. Restrictions also apply at home/off hours. The injured worker takes Norco for pain along with Flurbiprofen 5%, baclofen 5%, dexamethasone 1% in cream base 210gm and Dextromethorphan 2.5%, gabapentin 2.5%, bupivacaine 1.25%, menthol 0.5%, Camphor 0.5%, applied 2-3 times per day. A Repeat MRI on April 2, 2014, revealed L2-L3 annular tear in the lebral disc with accompanying 1-2mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. L3-L4 posterior annular tear in the intervertebral disc with accompanying 2-3mm posterior disc bulge resulting in moderate to severe right And moderate left neural foraminal narrowing with bilateral exiting nerve root compromise. The L4-L5 posterior annular tear in the intervertebral disc, accompanying 2-3mm posterior disc bulging resulting in mild foraminal narrowing with bilateral exiting nerve root compromise. The progress notes provided for review state the injured worker was having limited range of motion due to severe back pain radiating to the lower extremities. No documentation of scaled pain noted in the documentation sent for review. The progress notes provided failed to provide the benefit the injured worker was receiving for the topical ointments prescribed. On November 10, 2014, the UR denied authorization for Flurbiprofen 5%, baclofen 5%, dexamethasone 1% in cream base 210gm and Dextromethorphan 2.5%, gabapentin 2.5%, bupivacaine 1.25%, menthol 0.5%, Camphor 0.5%, due to the ODG guidelines for medication compound drugs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 5%, baclofen 5%, dexamethasone 1% in cream base 210gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication; Compound Drugs

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has limited range of motion due to severe back pain radiating to the lower extremities. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Flurbiprofen 5%, baclofen 5%, dexamethasone 1% in cream base 210gm is not medically necessary.

**Dextromethorphan 2.5%, gabapentin 2.5%, bupivacaine 1.25%, menthol 0.5%, camphor 0.5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication; Compound Drugs

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has limited range of motion due to severe back pain radiating to the lower extremities. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Dextromethorphan 2.5%, gabapentin 2.5%, bupivacaine 1.25%, menthol 0.5%, Camphor 0.5%: is not medically necessary.

