

<b>Case Number:</b>	CM15-0130517		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 is a 36-year-old female with an industrial injury dated 11/16/2012. The injury is documented as occurring while she was using a crank to hold a trailer to the truck and slipped causing her to land on her back. She states she injured her back, neck and shoulders. Her diagnoses included cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, lumbar radiculopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, sleep disturbance and anxiety. Prior treatments included acupuncture, physiotherapy, aqua therapy and chiropractic care. She presents on 05/22/2015 with complaints of neck pain rated as 7/10, lumbar spine pain rated as 8/10, right shoulder pain rated 7/10 and left shoulder pain rated as 5/10. She also complains of loss of sleep due to pain along with depression, anxiety and irritability. Physical exam revealed decreased and painful range of motion of the cervical spine. There was tenderness to palpation of the cervical paravertebral muscles. Cervical compression is positive. Lumbar spine range of motion was decreased and painful with tenderness to paravertebral muscles. Bilateral shoulders range of motion was decreased and painful. The treatment request for Xanax tab 1 mg quantity 60 for 30 days' supply was authorized. The treatment request for review is Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, and Hyaluronic acid 0.2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 10%, Dexamethosone Micro 0.2%, Hyaluronic acid 0.2%:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, flurbiprofen 20%, baclofen 10%, dexamethasone micro 0.2% and hyaluronic acid 0.2% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical myospasm; cervical radiculopathy; cervical sprain strain; lumbar myospasm; lumbar pain; lumbar radiculopathy; lumbar strain; right shoulder impingement syndrome; right shoulder pain; left shoulder impingement syndrome; left shoulder strain sprain; depression and nervousness. Subjectively, the injured worker complains of neck pain, low back, and right and left shoulder pain. Objectively, the documentation indicated there is no bruising, swelling, atrophy or lesion at the cervical, lumbar, right or left shoulder. The treatment plan includes a medical cream (supra). There is no clinical rationale for its use. Topical baclofen is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (baclofen and flurbiprofen) that is not recommended is not recommended. Consequently, flurbiprofen 20%, baclofen 10%, dexamethasone micro 0.2% and hyaluronic acid 0.2% is not recommended. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, flurbiprofen 20%, baclofen 10%, dexamethasone micro 0.2% and hyaluronic acid 0.2% is not medically necessary.