

<b>Case Number:</b>	CM15-0131863		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65 year old male with an industrial injury dated 09/18/2013. The injured worker's diagnoses include lumbar sprain/strain with intervertebral disc disorder (IVD) and spondylosis, bilateral shoulder sprain/strain with internal derangement and osteoarthritis, bilateral rotator cuff syndrome, cervical spine sprain/strain, cervical spondylosis at C6-7, myofascitis and radiculitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/23/2015, the injured worker reported pain in the cervical spine, lumbar spine and bilateral shoulder. The injured worker rated pain a 7-8/10 on the pain scale. Objective findings revealed pain with range of motion and tenderness to palpitation in the cervical spine, bilateral shoulder and lumbosacral spine. Orthopedic test for the cervical spine, bilateral shoulder and lumbosacral spine were all positive. The treating physician prescribed Flurbiprofen 20% Baclofen 5% Dexamethasone 0.25% quantity unspecified, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Baclofen 5% Dexamethasone 0.25% quantity unspecified: 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): s 111-113.

**Decision rationale:** Per MTUS with regard to Flurbiprofen (p112), "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 may be indicated. Per MTUS p113 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 is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of dexamethasone. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since multiple components are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 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. The request is not medically necessary.