

<b>Case Number:</b>	CM15-0136740		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/22/1991
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 56 year old male who sustained an industrial injury on 01/22/1991. According to a progress report dated 06/05/2015, chief complaints included lumbar spine and left knee pain. Left knee and lower back pain was rated 4 on a scale of 1-10. Pain was frequent and remained unchanged since his last visit. He took Motrin as needed which helped to bring pain from 6 to 2-3. The injured worker was retired and not working. Diagnoses included lumbar spine pain secondary to compensatory factors, left knee new larger lateral meniscal tear and status post left knee arthroscopy and debridement of meniscus. The treatment plan included transdermal creams since the injured worker did not like to take Motrin due to concerns of adverse effects as well as gastrointestinal issues. The injured worker was to continue Motrin as needed and the provider requested authorization for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 grams apply a thin layer 2-3 times per day or as directed. Currently under review is the request for Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream, 180 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63-65, 111-112.

**Decision rationale:** This medication is a compounded topical analgesic containing flurbiprofen, baclofen, and lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. It is not recommended as a topical medication. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. In this case documentation does not support the diagnosis of post herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.