

<b>Case Number:</b>	CM15-0136797		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/11/2006
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/03/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old male, who sustained an industrial injury on 10/11/06. The injured worker has complaints of persistent pain in the neck, lower back and right shoulder pain and left wrist, left hand and left knee. The examination of the cervical spine revealed slightly decreased range of motion and there is tenderness over the paraspinals and trapezius muscles, equally with hypertonicity noted on the trapezius muscles as well. Examination of the lumbar spine revealed decreased range of motion and tenderness over the paraspinals, left greater than the right and right shoulder revealed slight decreased range of motion. The diagnoses have included cervicogenic disc disease; cervical osteophyte at C4-C5, C5-C6 and C6-C7 and neural foraminal stenosis at C5-C6 and C6-C7. Treatment to date has included norco; soma and topical analgesic. The request was for 1 prescription, flurbiprofen/baclofen/lidocaine cream (20%/5%/4%) 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription: Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2006 and continues to be treated for neck, low back, right shoulder, and left wrist, hand, and knee pain. When seen, medications were providing pain relief. Physical examination findings included eight BMI of over 28. There was decreased cervical and lumbar spine range of motion with paraspinal tenderness. Spurling's and cervical compression testing were positive on the right side. There was positive left straight leg raising. There was decreased right shoulder range of motion with a painful arc and decreased strength. Norco was refilled. The assessment references an inability to tolerate oral NSAID medication due to gastric upset. Topical compounded cream was prescribed. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.