

<b>Case Number:</b>	CM15-0136954		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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

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 60 year old female, who sustained an industrial injury on July 21, 2014. She reported injury to her left hip and knee. The injured worker was diagnosed as having left hip strain rule out labrum tear, left knee strain rule out meniscal tear, lumbar strain rule out disc herniation and left wrist strain. Treatment to date has included diagnostic studies, orthopedic evaluation, physical therapy and medications. On June 12, 2015, the injured worker complained of pain in the lower back rated as an 8 on a 1-10 pain scale. The pain is frequent and radiates down her left leg. She also complained of pain in the left wrist and hand at 6-7/10 on the pain scale and pain in the left knee at 7/10 on the pain scale. Her pain is made better with rest and medication. Motrin was noted to help bring down her pain from 9/10 to 4/10 on the pain scale and allows her to ambulate for a half hour as opposed to fifteen minutes without stopping. The treatment plan included occupational therapy to the left wrist, weight loss program and medicated cream. On July 1, 2015, Utilization Review non-certified the request for Flurbiprofen/Baclofen/Lidocaine (20%/5%/4%) cream 180 gms, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Baclofen/Lidocaine (20%/ 5%/ 4%) cream 180 gms: Upheld**

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

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

**Decision rationale:** Regarding this request, one of the components requested is topical baclofen. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 113 of 127 state the following: "Topical 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." Given these guidelines, the topical baclofen is not medically necessary. Since any formulation must have all components as recommended in order for the formulation to be medically necessary, this request is not medically necessary.