

<b>Case Number:</b>	CM15-0140032		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/02/2015
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male who sustained an industrial injury on 1-2-15. Diagnoses are chronic cervical strain; rule out herniated disc, chronic lumbar strain; rule out herniated disc, and bilateral knee strain; rule out internal derangement. In a progress report dated 5-18-15, the treating physician notes persistent pain in the neck rated at 2-3 out of 10 and lower back at 3 out of 10. Bilateral knee pain is rated at 2 out of 10. The pain is better with medication. With taking Tramadol, the pain goes from a 6 to a 2 and Naproxen brings pain from a 6 down to 3 or 4, which allows him to continue working. He will continue on Tramadol and Naproxen. Exam of the cervical spine notes decreased range of motion, tenderness to palpation of the paravertebral muscles and hypertonicity bilaterally. Palpation to the levator scapulae revealed tenderness bilaterally. Shoulder decompression test was positive bilaterally. Exam of the lumbar spine revealed decreased range of motion and tenderness bilaterally of the quadratus lumborum. Straight leg raise is positive on the left and sensation was decreased in the L5 and S1 nerve distributions on the right. Exam of bilateral knees revealed a decreased range of motion and tenderness bilaterally. McMurray's and patellofemoral grind tests were positive bilaterally. The Work status is to return to full duty on 5-18-15. The requested treatment is one prescription for Flurbiprofen-Baclofen-Lidocaine Cream (20%-5%-4%), 180 grams in an attempt to control pain and prevent any adverse reaction associated with prolonged non-steroidal anti-inflammatory drug use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** This claimant was injured last January with chronic cervical strain; rule out herniated disc, chronic lumbar strain; rule out herniated disc, and bilateral knee strain; rule out internal derangement. As of May, there was pain in the neck and lower back still. The Work status is to return to full duty on 5-18-15. The compound was proposed to control pain, and to prevent any adverse reaction associated with prolonged non-steroidal anti-inflammatory drug use. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.