

<b>Case Number:</b>	CM15-0144884		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	01/31/2001
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Internal 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 45 year old male, who sustained an industrial injury on 1-31-2001. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar 4-5 disc herniation, lumbar 3-4 disc bulge, moderate right neural foraminal stenosis, bilateral carpal tunnel syndrome-status post release and mild scoliosis. Magnetic resonance imaging showed lumbar 4-5 disc herniation and lumbar e-4 disc bulge. Treatment to date has included therapy and medication management. In a progress note dated 6-11-2015, the injured worker complains of low back pain rated 8 out of 10 that radiated to the right leg and left wrist-hand pain rated 2 out of 10. Physical examination showed decreased lumbar range of motion and lumbar paraspinal tenderness and a positive straight leg raise test on the right side. The injured worker notes the Kera-Tek relieves pain from 8 out of 10 to 5 out of 10. The treating physician is requesting Flurbiprofen-Baclofen-Lidocaine 180 gm topical compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Baclofen/Lidocaine 180 gm topical compound cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 56, 57, 112, and 113.

**Decision rationale:** Topical analgesic medicines are largely experimental and there are few randomized controlled studies to determine their efficacy or safety. They are primarily used for neuropathic pain when first line anticonvulsants and antidepressants have not been efficacious. They are applied locally to the painful area and lack systemic toxicity, do not present with drug interactions, and do not need to have their dose titrated. Many different medicines are utilized, including such medicines as NSAID preparations, lidocaine, and capsaicin. Many of these preparations have not been proven to be beneficial in alleviating symptoms when applied topically. Also, these medicines are compounded together in preparations to be applied topically. The provider must be aware of the functioning of all the components and if one of the medicines is not recommended the entire compound cannot be recommended. Topical lidocaine is also used for neuropathic pain but the MTUS states that further research is needed to recommend this for chronic pain other than for treatment of herpes neuralgia. Only one study has been done analyzing its use in chronic muscle pain and the results showed it no more superior than placebo. Lidocaine is also noted to be used for localized peripheral pain but only after first line meds such as tri-cyclics, SNRIs such as cymbalta, or meds such as neurontin or lyrica have been attempted. The MTUS also noted that there could be risk of systemic absorption and side effects and that this would be dependent upon such things as application of a large amount over a large area, application left on for a long time period, or the use of occlusive dressings. In conclusion, topical lidocaine's efficacy in chronic pain treatment is not convincing. As noted above, the application of topical medication to alleviate pain is largely experimental in nature and there is no convincing evidence of its efficacy in treating pain. Therefore, the UR decision is upheld.