

<b>Case Number:</b>	CM15-0147807		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 23 year old man sustained an industrial injury on 11-30-2013. The mechanism of injury is not detailed. Diagnoses include crush injury to the right hand, crush injury to the pelvis, lumbar spine fractures, chronic lumbar spine pain rule out disc herniation, right carpal tunnel syndrome, continued hand numbness, stomach and gastrointestinal symptoms, antalgic gait due to crush injury of the pelvis and lumbar spine fractures, and lumbosacral facet degeneration with narrowing and bulging. Treatment has included oral medications, physical therapy, and epidural steroid injection. Physician notes on a PR-2 dated 6-28-2015 show complaints of neck pain rated 5 out of 10 with radiation to the head causing headaches, low back pain rated 7 out of 10 with radiation down the bilateral lower extremities, and bilateral wrist pain rated 7-8 out of 10. Recommendations include continue physical therapy, topical analgesic cream, and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Topical analgesics Page(s): 111-113.

**Decision rationale:** Flurbiprofen / Baclofen / Lidocaine cream (20% / 5% / 4%) 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS does not support topical Baclofen, or topical Lidocaine in this formulation for this patient's condition. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.