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| <b>Case Number:</b>   | CM15-0148492 |                              |            |
| <b>Date Assigned:</b> | 08/11/2015   | <b>Date of Injury:</b>       | 05/08/2000 |
| <b>Decision Date:</b> | 09/08/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2015 |

### 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 58 year old female who sustained an industrial injury on 05-08-00. Initial complaints and diagnoses are not available. Treatments to date include therapy and cortisone injections to the low back and right knee, right knee surgeries, total knee replacement, spinal fusions, and a nerve block, as well as bracing, physical therapy and chiropractic treatments and medications. Diagnostic studies include multiple MRIs. Current complaints include lumbar spine and right knee pain. Current diagnoses include status post lumbar spine surgeries with residual pain, status post right total knee replacement with residual, periprosthetic infection, and antalgic gait secondary to the right total knee and the periprosthetic infection. In a progress note dated 06-15-15 the treating provider reports the plan of care as follow up with infection control physician and other scheduled follow-ups, physical therapy to the right knee and lumbar spine, as well as Flurbiprofen-Baclofen-Lidocaine cream. The requested treatment includes Flurbiprofen-Baclofen-Lidocaine cream.

### 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 (unspecified quantity):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounding medications Page(s): 71.

**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-related injury in May 2000 and is being treated for radiating low back pain. She underwent lumbar spine surgery in May 2003 and April 2006. She has a history of multiple right knee arthroscopies and a total knee replacement in 2011 complicated by infection and continues to be treated with antibiotics. When seen, there was an antalgic gait and difficulty transitioning positions. There was decreased and painful lumbar range of motion. There was positive right straight leg raising and decreased right lower extremity strength. There was decreased right knee range of motion with joint line tenderness. 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 would be difficult or impossible to determine whether any derived benefit was 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.