

<b>Case Number:</b>	CM15-0149838		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	05/28/2006
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Anesthesiology, 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 51 year old male, who sustained an industrial injury on May 28, 2006. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical spine sprain-strain, lumbar spine disc protrusion - status post laminectomy with residuals on April 21, 2009, multilevel disc disease with mild to moderate left facet hypertrophy and left neural foraminal stenosis with borderline compression of the exiting lumbar 4 nerve root per MRI dated March 3, 2015, and piriformis muscle pain. The medical records refer to a 2010 MRI of the cervical spine that revealed stenosis at cervical 5-cervical 6 and cervical 6-cervical 7. The medical records refer to a March 3, 2015 MRI of the lumbar spine that revealed a minimal disc bulge at lumbar 2-3. At lumbar 3-4, there was mild bilateral lateral recess stenosis. At lumbar 4-5, there was left lateral recess and left neural foraminal stenosis. There were right-sided postsurgical changes. At lumbar 5-sacral 1, there was a mild posterior disc protrusion without significant stenosis. There was no significant interval change. The provided medical records did not contain the reports of these MRIs. Surgeries to date have included a cervical fusion in 2012 and lumbar laminectomy and decompression at right lumbar 4-lumbar 5 in 2009. Treatment to date has included chiropractic and physical therapy, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, low back injections, lumbar epidural steroid injections, cervical epidural steroid injections, and medications including analgesic, anti-epilepsy, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include July 11, 2010. Co-morbid diagnoses included history of hypertension, diabetes, stress and anxiety. Work

status is modified work including 10 minute stretch breaks every hour, minimum handwriting, lightweight gun belt, holster and flashlight, and lightweight boots. He is able to wear right knee and right elbow sleeves. If restricted duty is not available, patient is to be considered temporarily totally disabled. He is currently working. On June 29, 2015, the injured worker reported persistent neck, back, and right knee pain, rated 4 out of 10. His neck and back pain was improving slightly with chiropractic and physical therapy. He takes a non-steroidal anti-inflammatory medication on an as needed basis which helps decrease his pain. The physical exam revealed decreased cervical spine range of motion and tenderness of the paraspinals muscles, trapezius muscles and the suboccipital region. There was hypertonicity over the right trapezius muscle, decreased sensation at the bilateral cervical 5 through cervical 8, normal strength of at the bilateral cervical 5 through cervical 8, and decreased deep tendon reflexes at the bilateral brachioradialis and triceps. There was decreased lumbar spine range of motion and tenderness of the bilateral paraspinals muscles, right greater than left. There was tenderness over the sacroiliac joint and iliotibial band ligament, slight decreased strength at the right lumbar 4 through sacral 1 and left lumbar 4, normal sensation at the lumbar 5 and sacral 1, normal sensation of the bilateral lumbar 4 through sacral 1, decreased deep tendon reflexes at the patellar and Achilles tendons, and tenderness over the piriformis muscle. There was decreased range of motion of the right knee with slight tenderness over the medial and lateral joint lines. The treatment plan includes Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Food and Drug Administration (FDA).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. 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. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.