

<b>Case Number:</b>	CM15-0161001		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 with an industrial injury dated 02-15-2011. The injured worker's diagnoses include L4-L5 and L5-S1 spondylolisthesis and stenosis with bilateral leg radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-02-2015, the injured worker reported cervical spine and lumbar spine pain. The injured worker rated cervical spine pain a 7 out of 10 and lumbar spine pain an 8-10 out of 10. Objective findings for the lumbar spine revealed tenderness over the midline, tenderness and hypertonicity over the paraspinal musculature and decreased sensation in bilateral L5 nerve root. The treatment plan consisted of follow up with pain management, spinal surgery consultation and medicated topical cream. The treating physician prescribed Compound; Flurbiprofen 20%; Baclofen 5%-Lidocaine 4%, 180gm, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant did not have the above diagnoses. Since the compound above contains these topical medications, the Flurbiprofen 20%; Baclofen 5%/Lidocaine 4% is not medically necessary.