

<b>Case Number:</b>	CM15-0161753		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/07/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male who sustained an industrial injury on 03-04-2005. Current diagnoses include lumbar spine sprain-status post fusion with residuals, right knee tricompartmental osteoarthritis, right hip pain, and status post left hip replacement. Report dated 07-02-2015 noted that the injured worker presented with complaints that included lumbar spine pain with radiation to the lower extremities and right knee pain. Pain level was 4-5 (lumbar spine) and 6 (right knee) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-02-2015 revealed range of motion 0 to 110 degrees, and tenderness noted laterally and medially. Previous treatments included medications, surgical intervention, and therapy. The treatment plan included starting physical therapy, request for Flurbi-Baclo-Lido 20-5-4%, 180gm in an attempt to increase function and decrease pain, refilled Norco and Soma, he is temporarily totally disabled, and follow up in 6 weeks. Request for authorization dated 07-16-2015, included requests for Flurbi-Baclo-Lido 20-5-4%, 180gm, Norco, and Soma. The utilization review dated 08-07-2015, non-certified the request for Flurbi-Baclo-Lido 20-5-4%, 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi/Baclo/Lido 20/5/4%, 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and Lidocaine medications for this chronic 2005 injury without improved functional outcomes attributable to their use. The Flurbi/Baclo/Lido 20/5/4% 180gm is not medically necessary and appropriate.