

<b>Case Number:</b>	CM15-0162599		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, North Carolina  
 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 51-year-old male, who sustained an industrial injury on April 13, 2011. Treatment to date has included diagnostic imaging, chiropractic therapy, physical therapy, lumbar epidural steroid injection, NSAIDS, anti-depressants, TENS and opioid medications. Currently, the injured worker complains of a flare-up of back pain. He ambulates in an antalgic-stooped gait. The injured worker reports that he has constant low back pain and mid back pain with radiation of pain to the right leg. He has poor tolerance with prolonged sitting, standing, walking, carrying, lifting, and bending. He reports that the TENS unit relaxes him but the pain does not go away. On physical examination, the injured worker has local palpable tenderness to palpation over the thoracic spine and he has crepitus of the bilateral knee-grinding test. He has positive straight leg raise with aggravating low back pain. He has a rigid guarded posture with slow ambulation due to back spasm. He rates his pain a 9 on a 10-point scale and notes that his medications improved his functional status. The diagnoses associated with the request include chronic pain disorder, chronic thoracic and lumbar spine pain, multiple degenerative joint disease, and myofascial pain. The treatment plan includes continued lumbar brace use, continued TENS use, and flurbiprofen-lidocaine topical compound, and cyclobenzaprine-lidocaine topical compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Flurbiprofen 20%, Lidocaine 5% 4 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only approved in the formulation of a Lidoderm patch. No other commercially approved topical formulations of Lidocaine are approved. This formulation contains Flurbiprofen which is not approved for topical use and Lidocaine, which is only approved as a Lidoderm patch. Therefore, the request is not medically necessary or appropriate.

**One Cyclobenzaprine 10%, Lidocaine 2% 4 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for Cyclobenzaprine/Lidocaine cream. Cyclobenzaprine is a muscle relaxant that is not recommended for topical use. Lidocaine is only approved for use as a Lidoderm patch. Any other formulation of topical Lidocaine is not recommended. Therefore, the request is not medically necessary or appropriate.