

<b>Case Number:</b>	CM15-0162881		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	07/25/2015
<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: Georgia

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 30 year old female, who sustained an industrial injury on March 11, 2015. She reported low back pain with right lower extremity radicular pain. The injured worker was diagnosed as having two-level lumbar disc herniation, right lower extremity radicular pain and right active lumbar 5 denervation per electrodiagnostic studies on May 26, 2015. Treatment to date has included diagnostic studies, conservative care, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker continues to report low back pain and right lower extremity radicular pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on May 21, 2015, revealed continued pain as noted. She rated her pain at 6-8 on a 1-10 scale with 10 being the worst. It was noted she required pain medications to control the pain. Evaluation on July 1, 2015, revealed continued pain as noted. She rated her pain at 6-8 on a 1-10 scale with 10 being the worst. She noted the pain decreased to 4 on a 1-10 scale with 10 being the worst with the use of Tramadol. Evaluation on July 31, 2015, revealed continued pain as noted. The plan included possible lumbar injection, physical therapy and a lumbar surgical consultation. Evaluation on August 12, 2015, revealed continued pain as noted. She rated her pain at 6-7 on a 1-10 scale with 10 being the worst. She noted she had bilateral lower extremity radicular symptoms however noted the symptoms were worse in the right leg than the left. It was noted she had decreased range of motion and tenderness to palpation of the lumbar spine. It was noted she had no work restrictions. 1 prescription Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%): 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:** 1 Prescription Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, CA MTUS page 111 states that topical analgesics such as Flurbiprofen or Ketoprofen, which are topical NSAID, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, the requested medication is not medically necessary.