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| <b>Case Number:</b>   | CM15-0182397 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 09/19/2011 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2015 |

### 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: New Jersey

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 39 year old female, who sustained an industrial injury on September 19, 2011, incurring upper and lower back injuries. She was diagnosed with a cervical sprain, cervical radiculopathy, lumbar sprain, lumbar radiculopathy, and left and right hip sprains. Treatment included pain medications, sleep aides, muscle relaxants, proton pump inhibitor, topical analgesic cream, back bracing and activity restrictions. Currently, the injured worker complained of constant neck and low back pain radiating into both hips aggravated by lifting, and walking. He noted decreased motor strength in his lower extremities and limited range of motion of the cervical spine and lumbar spine. The treatment plan that was requested for authorization on September 2, 2015, included a prescription for Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic compound cream. On August 19, 2015, a request for a prescription of topical analgesic cream was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Baclofen 5%/ Camphor 2% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic acid 0.2% in cream base: 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. The MTUS Guidelines also state that topical muscle relaxants such as baclofen and others are specifically not recommended for use due to their lack of supportive data for use to treat chronic pain. Any combination product which contains a non-approved medication should be regarded as non-recommended, according to the MTUS Guidelines. In the case of this worker, a combination topical analgesic product containing flurbiprofen, baclofen, camphor, menthol, dexamethasone, capsaicin, and hyaluronic acid. Since this product contains a non-recommended ingredient (baclofen), this request will be considered medically unnecessary.