

<b>Case Number:</b>	CM15-0189560		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Texas, 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:

This is a 58 year old male patient with an industrial injury dated 05-13-2013. He sustained the injury due to lifting a head stone. The diagnoses include cervical disc herniation without myelopathy, thoracic disc placement without myelopathy, lumbar disc displacement without myelopathy, bursitis and tendinitis of the shoulders, lateral epicondylitis of the right elbow, tendinitis, bursitis of the right hand and wrist, carpal tunnel syndrome (median nerve entrapment at the right wrist), inguinal hernia, anxiety, sleep disorder and aftercare for surgery of the musculoskeletal system (right wrist). According to the progress note dated 09-08-2015, he had right shoulder, right elbow, right wrist and hand, cervical spine, lumbar spine, testicles, headache and thoracic spine complaints. There was no pain level score provided in report. The physical examination revealed tenderness and spasm in the cervical spine, thoracic spine, lumbar spine, right shoulder, right elbow, right wrist and right hand. The medications list includes naproxen, Tylenol #3 and compound topical creams. He has had EMG/NCS dated 3/27/15, which revealed right carpal tunnel syndrome; lumbar spine MRI; EMG/NCS right lower extremity, which revealed L5 radiculopathy. Treatment has included diagnostic studies, topical ointment, post-operative physical therapy, acupuncture therapy, right carpal tunnel release with synovectomy of the hypertrophic tenosynovium at the right wrist and hand (08-19-2015), external neurolysis of the median nerve at the right wrist and hand (08-19-2015) and periodic follow up visits. The treatment plan included medication management. The treating physician prescribed Flurbi-Cyclo- Baclofen-Lido #1 for 30 days with 2 refills. The utilization review dated 09-22-2015, non- certified the request for Flurbi-Cyclo-Baclofen-Lido #1 for 30 days with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi/Cyclo/Baclofen/Lido #1 for 30 days with 2 refills: 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:** Flurbi/Cyclo/Baclofen/Lido #1 for 30 days with 2 refills. Flurbiprofen is an NSAID, cyclobenzaprine and baclofen are muscle relaxants. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and baclofen are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Flurbi/Cyclo/Baclofen/Lido #1 for 30 days with 2 refills is not fully established for this patient. The request is not medically necessary.