

<b>Case Number:</b>	CM15-0204125		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/22/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 49 year old male who sustained a work-related injury on 12-22-13. Medical record documentation on 9-21-15 revealed the injured worker was being treated for left hip avulsion fracture of the greater trochanter, continued left hip greater trochanteric bursitis, and right hip pain secondary to compensatory factors. He reported left hip pain and rated his pain a 7-8 on a 10-point scale and noted the pain was constant. He reported the pain radiated to the back and down his leg. He reported that the pain was about the same. His pain was made better with rest and medications. His medication regimen included over-the-counter medications, which did not really help his pain. Objective findings included tenderness to palpation over the greater trochanteric bursa. He had a limited range of motion due to pain and an antalgic gait. His treatment plan included continued use of TENS unit with home exercise and topical cream to help control his pain. He was started on Tylenol #3 with plans to wean the injured worker from Norco. A request for Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%, 5%, 4%, 4%) 180 gm was received on 9-23-15. On 9-30-15 the Utilization Review physician determined compound medication of Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%, 5%, 4%, 4%) 180 gm was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication - Flurbiprofen, Baclofen, Lidocaine, Menthol cream (20%, 5%, 4%, 4%) 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound medication: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, and Menthol 4% Cream #180 grams is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left hip avulsion fracture of greater trochanter; continued left hip greater trochanteric bursitis; right hip pain secondary to compensatory factors; and anxiety. Date of injury is December 22, 2013. Request for authorization to September 23, 2015. According to a September 10, 2015 progress note, subjective complaints include ongoing left hip pain that radiates to the posterior leg. Pain score is 8/10. Medications include Norco. Objectively, there is tenderness over the greater trochanteric bursa. There is decreased range of motion. Flurbiprofen is not FDA approved for topical use. Topical Baclofen is not recommended. Topical Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, Baclofen and Lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, and Menthol 4% Cream is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, compound medication: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, and Menthol 4% Cream #180 grams is not medically necessary.