

<b>Case Number:</b>	CM15-0204458		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 worker is being treated for: cervical disc protrusion, bulge, left knee mild osteoarthritis, right knee strain, and rule out internal derangement, right elbow strain, right knee full thickness chondrosis and left shoulder strain. Subjective: August 11, 2015, September 15, 2015, persistent right shoulder, back, right leg, bilateral knees, and hands with pain. The back pain radiates down the right leg into knee and the neck pain radiates into her right arm. She has concern for taking too many medications. Objective: August 11, 2015, September 15, 2015, cervical spine noted tenderness to palpation over midline, tenderness and hypertonicity over paraspinals, positive compression testing, and decreased strength and sensation at C7, C8 bilaterally. The left shoulder is noted with decreased range of motion, tenderness at the AC joint and decreased strength with flexion and extension. The right knee showed tenderness anteriorly with mild crepitus on range of motion; mild effusion. Medications: June 29, 2015: Ultram, Gabapentin. July 06, 2015: Ultram, and gabapentin. August 11, 2015: continue Gabapentin, Flexeril, and Tramadol. There are noted prescriptions August 11, 2015: Anaprox, Motrin, Prilosec, Flexeril, Norco, Tylenol #3, Anaxsia, Ultram, Elavil, and Ambien, Biotherm, and Kera-Tek gel. September 15, 2015: Gabapentin, Tramadol, Flexeril, and "massage cream," also with request for compound topical cream. Treatments: pending authorization September 15, 2015: EMG NCV of bilateral upper extremities, course of physical therapy, activity modifications. Diagnostics: MRI of cervical spine, right knee. On October 02, 2015, a request was made for compound topical cream containing: Flurbiprofen, Baclofen, Lidocaine, and Menthol creams that was noncertified by Utilization Review on October 06, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Flurbiprofen/Baclofen/Lidocaine/Menthol Cream 180 gm #1: 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 rationale:** The patient was injured on 06/15/10 and presents with bilateral knee pain, neck pain, right elbow pain, and left shoulder pain. The request is for Flurbiprofen/Baclofen/Lidocaine/Menthol Cream 180 gm #1. The RFA is dated 09/28/15 and the patient is not currently working. MTUS Guidelines, Topical Analgesics Section, page 111 states: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The patient is diagnosed with cervical disc protrusion, bulge, left knee mild osteoarthritis, right knee strain, and rule out internal derangement, right elbow strain, right knee full thickness chondrosis and left shoulder strain. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Baclofen and Lidocaine, neither of which are indicated for use as a topical formulation. Therefore, the requested compounded topical is not medically necessary.