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| <b>Case Number:</b>   | CM15-0204824 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 01/17/2013 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 09/25/2015 |
| <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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 71 year old male, who sustained an industrial injury on January 17, 2013. The injured worker was diagnosed as having lumbar radiculopathy with multilevel disc protrusions, right shoulder partial supraspinatus with impingement syndrome, right knee medial and lateral meniscal tear, left knee pain secondary to compensatory factors, and status post right shoulder rotator cuff repair in April of 2015. Treatment and diagnostic studies to date has included home exercise program, medication regimen, x-rays of the right knee, magnetic resonance imaging, x-rays of the cervical spine, x-rays of the lumbar spine, x-rays of the right shoulder, and electromyogram with nerve conduction study. In a progress note dated August 27, 2015 the treating physician reports complaints of pain to the cervical spine, lumbar spine, right shoulder, and the right knee. Examination performed on August 27, 2015 was revealing for right knee medial tenderness, positive McMurray's testing, mild effusion to the right knee, decreased range of motion to the right knee, decreased range of motion to the right shoulder, positive Hawkin's and Neer's testing, and decreased strength to the right shoulder. The injured worker's medication regimen on August 27, 2015 included Norco since at least prior to January 17, 2014. The injured worker's pain level on August 27, 2015 was rated a 7 to 8 out of 10 to the cervical and lumbar spine, a 6 out of 10 to the right shoulder, and an 8 to 9 out of 10 to the right knee, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the progress note provided did not indicate if the injured worker experienced any functional improvement with use of his

medication regimen. The progress note from July 29, 2015 noted that the injured worker's pain level was rated a 7 to 8 out of 10 to the neck, back, right shoulder, and the right knee, along with noting the use of the medication of Norco when the pain increases to an 8 to 9 out of 10 that decreases to a 5 out of 10 with the use of Norco. The progress note on July 29, 2015 also noted the use of the medication regimen Advil that decreases the pain from an 8 to 9 out of 10 to 6 out of 10. On August 27, 2015 the treating physician requested Flurbiprofen-Baclofen-Lidocaine-Menthol Cream 20%, 5%, 4%, 4% 180gm "to reduce his pain and narcotic medication regimen use". On September 25, 2015 the Utilization Review determined the request for Flurbiprofen-Baclofen-Lidocaine-Menthol Cream 20%, 5%, 4%, 4% 180gm to be non-certified.

### **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 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 rationale:** The claimant sustained a work injury in January 2013 and is being treated for right should, knee, and low back pain. His injury occurred while lifting and moving patio furniture. He underwent an arthroscopic subacromial decompression and rotator cuff repair in April 2015. When seen he had pain rated at 6=9/10. Physical examination findings included decreased right shoulder range of motion with positive impingement testing and decreased strength. There was decreased right knee range of motion with medial tenderness and positive McMurray testing. There was a mild effusion. Topical compounded cream was requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.