

<b>Case Number:</b>	CM15-0208149		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/31/2001
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 46 year old male, who sustained an industrial injury on 01-31-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar disc herniation and disc bulging, lumbar neural foraminal stenosis, mild scoliosis, and bilateral carpal tunnel syndrome. Medical records (04-02-2015 to 09-10-2015) indicate ongoing low back pain with radiation into the left leg, and left wrist and left hand pain. Low back pain levels were rated 6 out of 10 in severity on a visual analog scale (VAS) in 04-2015, and rated 8 out of 10 on 09-10-2015 (reported to be improved). The left hand and wrist pain was rated 2 out of 10 and described as occasional. Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 09-10-2015, revealed tenderness over the midline of the lumbar spine, tenderness and hypertonicity over the lumbar paraspinal muscles, decreased range of motion in the lumbar spine, and positive straight leg raises bilaterally. Relevant treatments have included: bilateral carpal tunnel releases, physical therapy (PT), lumbar epidural steroid injections, electrical stimulation, work restrictions, and pain medications (topical Flurbiprofen, Baclofen, Lidocaine & menthol cream for several months). The request for authorization (09-24-2015) shows that the following topical medication was requested: 20% Flurbiprofen, 5% Baclofen, 4% Lidocaine & 4% menthol cream 180 gram. The original utilization review (09-30-2015) non-certified the request for 20% Flurbiprofen, 5% Baclofen, 4% Lidocaine & 4% menthol cream 180 gram.

## 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 Percent, 5 Percent, 4 Percent, 4 Percent) 180 Gram:** 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:** This 46 year old male has complained of low back pain, wrist pain and left hand pain since date of injury 1/31/2001. He has been treated with surgery, electrical stimulation, epidural steroid injection, physical therapy and medications. The current request is for Flurbiprofen/ Baclofen / Lidocaine/Menthol Cream (20 Percent, 5 Percent, 4 Percent, 4 Percent) 180 Gram. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen/Baclofen/Lidocaine/Menthol Cream (20 Percent, 5 Percent, 4 Percent, 4 Percent) 180 Gram is not medically necessary.