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| <b>Case Number:</b>   | CM15-0208692 |                              |            |
| <b>Date Assigned:</b> | 10/27/2015   | <b>Date of Injury:</b>       | 03/06/2011 |
| <b>Decision Date:</b> | 12/10/2015   | <b>UR Denial Date:</b>       | 10/01/2015 |
| <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: 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 injured worker is a 62 year old female who sustained an industrial injury on 03-06-2011. Medical records indicated the worker was treated for sprain-strain of lumbar region, and cervicgia. In the provider notes of 08-18-2015, the worker is seen in follow up for severe pain located primarily in the back, buttock, posterior thigh, and down the leg. Her treatments include an epidural injection (09-2014) that gave "excellent pain relief and functional gain", and oral and topical medications for pain. At this exam, there was tenderness over L4-L5 and L5-S1 segment on the left side. She has tenderness over the buttock and posterior thigh and calf, a positive straight leg raise, decreased sensation L4-L5 and S1, decreased reflex of left ankle and strength of 5- out of 5. The plan is to request another epidural, and refill her topical pain medication. A request for authorization was submitted 09-18-2015 for Compound: Flurbiprofen 10%/Baclofen 2%/Cyclobenzaprine 2%/Tetracine 25 260gm #1 tube. A utilization review decision 10-01-2015 denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Tetracine 25 260gm #1 tube: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents on 08/18/15 with severe pain in the lower back, buttock, posterior thigh and down into an unspecified leg. The patient's date of injury is 03/06/11. The request is for Compound: Flurbiprofen 10%/Baclofen 2%/Cyclobenzaprine 2%/Tetracaine 25 260GM #1 tube. The RFA is dated 09/18/15. Physical examination dated 08/18/15 reveals tenderness to palpation over the L4-S1 spinal segments on the left, buttocks, posterior thigh, and calf with positive straight leg raise test (unspecified) noted. The provider also notes decreased sensation along the L4, L5, and S1 dermatomal distributions. The patient is currently prescribed Mobic and topical compounded cream. Patient's current work status is not provided. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." Under Non-steroidal anti-inflammatory agents: "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." This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS Guidelines, Topical Analgesics section, page 111 also states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the topical compounded cream containing Flurbiprofen, Baclofen, Cyclobenzaprine, and Tetracaine, the requested cream is not supported by MTUS guidelines. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis, this patient presents with lower back pain with a radicular component. MTUS guidelines do not support muscle relaxants such as Cyclobenzaprine or Baclofen in topical formulations, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.