

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0210923 |                              |            |
| <b>Date Assigned:</b> | 10/29/2015   | <b>Date of Injury:</b>       | 09/12/2013 |
| <b>Decision Date:</b> | 12/10/2015   | <b>UR Denial Date:</b>       | 09/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/26/2015 |

### 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 35-year male with an industrial injury date of 09-12-2013. Medical record review indicates he is being treated for cervical spine pain, 3 mm posterior central canal protrusion at cervical 7-thoracic 1, annular tear with disc protrusion at cervical 5-cervical 6 and disc osteophyte complex noted at cervical 3-cervical 4, low back pain, 7 mm disc protrusion at lumbar 4-5 and 2.5 mm disc protrusion at lumbar 5-sacral 1. Subjective complaints (09-04-2015) included persistent pain in the neck and back rated as 8 out of 10. Associated symptoms included neck pain radiating down the left arm and lower back pain radiating down the left leg with slight numbness. He was also complaining of not being able to sleep due to pain. The injured worker was taking Tylenol # 3, which decreased his pain from 8 out of 10 to 4 out of 10. Work status (09-04-2015) was documented as working with restrictions. Current medication included Tylenol #3. Prior medications, included Ultram. Prior treatments included physical therapy and medication. Objective findings (09-04-2015) included slight increased range of motion of the cervical spine since physical therapy. Cervical compression test was positive. There was tenderness over the paraspinal, right greater than the left. Lumbar spine exam revealed decreased range of motion with positive straight leg raise test on the left at 60 degrees to posterior thigh. The treating physician noted he was requesting topical medication (as noted below) "in an attempt to help control is pain further." The treating physician also indicated he was going to wean the injured worker from the Tylenol # 3. On 09-29-2015 the request for Flurbiprofen-Baclofen-Lidocaine-Menthol Cream (20%-5%-4%-4%) 180 gm was non-certified by utilization review.

## 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend "long-term use of this topical muscle relaxant and Lidocaine medications for this chronic 2013 injury without extenuating circumstances beyond Guidelines recommendation or improved functional outcomes attributable to their use. The Flurbiprofen/Baclofen/Lidocaine/Menthol Cream (20%/5%/4%/4%) 180gm is not medically necessary and appropriate."