

<b>Case Number:</b>	CM15-0216276		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/05/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 34-year-old male, who sustained cumulative industrial trauma injuries from 09-28-2007 - 05-05-2015. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine sprain and strain with disc herniations. Subjective complaints (05-21-2015) included low back pain that was rated as 7 out of 10. Objective findings showed slight pain to right lateral flexion at approximately 10 degrees and slight tenderness to palpation at the midline low back at L5. Subjective complaints (06-18-2015) included continued aching at the end of his shift with no radicular symptoms. Objective findings showed slight palpable tenderness of the midline lumbar spine. The treatment plan included physical therapy. Subjective complaints (09-16-2015) included constant low back pain with occasional radiating to the left leg associated with numbness that was rated as 7-8 out of 10. Objective findings (09-16-2015) included diffuse spasm at L3-S1, decreased range of motion of the lumbar spine, walking with a slight limp, decreased sensation to pinwheel in the left lower extremity and positive straight leg raise on the left at 70 to the back or shooting pain up the leg in the supine and sitting positions. Treatment has included Ibuprofen, Acetaminophen and physical therapy. The physician noted that a transdermal compound cream was being requested for pain. There was no documentation of an intolerance to oral pain medication or that the worker had tried and failed antidepressant and-or anti-convulsant medications. A utilization review dated 10-13-2015 non-certified a request for transdermal compound cream (Flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 2%, Lidocaine 2.5%) 120 gms for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal compound cream (flurbiprofen 15%, baclofen 2%, cyclobenzaprine 2%, gabapentin 2%, lidocaine 2.5%) 120gms for the lumbar spine: 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:** Topical analgesics 111-112 According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was on oral analgesics and there was no indication for the addition of topicals. Since the compound above contains these topical medications, the flurbiprofen 15%, baclofen 2%, cyclobenzaprine 2%, gabapentin 2%, lidocaine 2.5% is not medically necessary.