

<b>Case Number:</b>	CM15-0037336		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 46-year-old female, who sustained an industrial injury on 8/5/10. The injured worker has complaints of right foot pain with difficulty sleeping at night with the pain. The diagnoses have included past right foot fracture, status-post surgery right ankle / foot, traumatic arthropathy and neuralgia. Treatment to date has included right foot surgery; physical therapy and medications. On 12/29/2014, there was subjective complaints of constant right ankle and foot pain. There was objective findings of decrease range of motion and tenderness of right ankle and foot. The IW reported significant pain relief with utilization of Voltaren gel and Lidoderm. The medications listed are Percocet, Lidoderm, Voltaren gel and topical compound product. According to the utilization review performed on 2/10/15, the requested Baclofen 2%/Cyclobenzaprine 2%/Flurbiprofen 10%/ Gabapentin 5% 120g with 4 refills has been non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 2%/Cyclobenzaprine 2%/Flurbiprofen 10%/ Gabapentin 5% 120g with 4 refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 113-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic products.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line oral anticonvulsant and antidepressant medications. The records did not indicate that treatment of oral anticonvulsant or antidepressant medications have failed. The patient reported significant pain relief with utilization of topical Voltaren gel and Lidoderm patch. The guidelines recommend that topical products be utilized individually for evaluation of efficacy. There is lack of guidelines and FDA support for the utilization of topical formulations of gabapentin, cyclobenzaprine and baclofen. The criteria for the use of Baclofen 2% / Cyclobenzaprine 2% / Flurbiprofen 10% / Gabapentin 5% 120g with 4 refills was not met.