

<b>Case Number:</b>	CM15-0083273		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	01/17/2009
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 59-year-old male, who sustained an industrial injury on 1/17/2009. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include multilevel cervical disc protrusion with stenosis, radiculopathy, neuropathy at left wrist and elbow, right carpal tunnel syndrome, status post carpal tunnel release, and multilevel lumbar disc protrusion with stenosis and spondylolisthesis. Treatments to date documented included medication therapy. Currently, he complained of ongoing neck and low back pain with radiation to the lower extremities and bilateral trapezius muscles. On 3/11/15, the physical examination documented tenderness to the cervical and lumbar spines with decreased painful range of motion. The plan of care included a topical compound: flurbiprofen 20%/baclofen 10%/dexamethasone 2%/hyaluronic acid 0.2% in a cream base 240 grams; apply two to three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% / Baclofen 10% / Dexamethasone 2% / Hyaluronic Acid 0.2% in cream base 240 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The patient is a 59-year-old male with an injury on 01/17/2009. He has neck and back pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Baclofen 10%, which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.