

<b>Case Number:</b>	CM15-0087427		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/25/2008
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 55-year-old male who sustained an industrial injury on 09/25/08. Initial complaints and diagnoses are not available. Treatments to date include pain medications and home exercises. Diagnostic studies include x-rays. Current complaints include cervical and lumbar spine pain, as well as left elbow, right hip, bilateral knee pain, insomnia, stress, and an unspecified hernia. Current diagnoses include cervical and lumbar spondylosis, chondromalacia paella of the bilateral knees, tear of medial meniscus of the knees, lateral epicondylitis the left elbow, tendinitis/bursitis of the right hip, anxiety, sleep disorder, and inguinal hernia. In a progress note dated 03/06/15 the treating provider reports the plan of care as physical therapy including electrical muscle stimulation, infrared, chiropractic manipulative therapy, massage, and therapeutic activities. Also recommended are a 3D MRI of the cervical and lumbar spines and the head, and medication including lidocaine / gabapentin / ketoprofen and Fluribiprofen / cyclobenzaprine / baclofen / Lidocaine. The requested treatments include Fluribiprofen / cyclobenzaprine / baclofen / Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 15%/ Cyclobenzaprine 2%/ Baclofen 2%/ Lidocaine 5%, apply a thin layer to affected area twice daily as directed, QTY: 180gm with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, and Lidocaine 5%, apply a thin layer to affected area twice daily #180 g two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Flurbiprofen is not FDA approved for topical use. Cyclobenzaprine is not recommended. Baclofen is not recommended. Lidocaine in non-Lidoderm form is not recommended. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; lumbar spondylosis without myelopathy; chondromalacia patella bilateral knees; medial meniscus tear of the knees; lateral epicondylitis left elbow; tendinitis/bursitis); anxiety, sleep disorder and inguinal hernia. The documentation does not indicate or specify an anatomical region to be treated. There is no documentation indicating first-line treatment failure with antidepressants and anticonvulsants. Flurbiprofen is not FDA approved for topical use. Cyclobenzaprine is not recommended. Baclofen is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, cyclobenzaprine, baclofen and lidocaine) that is not recommended is not recommended. Consequently, Flurbiprofen 50%, cyclobenzaprine 2%, baclofen 2%, and lidocaine 5% cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, and Lidocaine 5%, apply a thin layer to affected area twice daily #180 g two refills is not medically necessary.