

<b>Case Number:</b>	CM15-0114279		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Pennsylvania  
 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 was a 55 year old male, who sustained an industrial injury, March 17, 2010. The injured worker previously received the following treatments lumbar spine radiofrequency ablation at L4-L5 and L5-S1 on May 19, 2014, compound analgesic cream: Flurbiprofen, 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5%, Tizanidine, Tramadol and arthroscopic right knee surgery. The injured worker was diagnosed with lumbar spondylosis from L1 through L5, degenerative grade 1 anterolisthesis of L5- S1, bilateral knee pain likely osteoarthritis, status post right knee arthroscopic surgery and right hip pain likely osteoarthritis verses femoral external rotators tendonitis. According to progress note of May 5, 2015, the injured worker's chief complaint was lumbosacral pain returning from the radiofrequency ablation at L4-L5 and L5-S1 done May 19, 2014. The pain was worse on the left side and radiating down the left lower extremity to the left ankle, with some numbness. The physical exam noted the injured worker's gait was not normal secondary to pain. The heel walk was not normal bilaterally secondary to pain. The toe walk was not normal bilaterally secondary to pain. There was right knee swelling and tenderness significantly diminished compared to the last visit. The motor strength of the hamstrings and quadriceps was 4 out of 5. The patellar grind test was positive bilaterally. The treatment plan included a prescription for a compound analgesic cream: Flurbiprofen, 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Analgesic Cream: Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% 180gm:** Upheld

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

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

**Decision rationale:** According to the MTUS topical NSAID's such as Flubiprofen are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. The record indicates that this worker has osteoarthritis of the knee. Cyclobenzaprine and Baclofen are muscle relaxants. There is no evidence for use of muscle relaxants as a topical product. Therefore, topical cyclobenzaprine and Baclofen are not medically necessary. Topical lidocaine is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." The MTUS also states "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, the topical lidocaine is being prescribed for radiculopathy which is neuropathic pain of central origin (at the nerve root) and not peripheral. Therefore, topical lidocaine cannot be considered medically necessary in this case even though the pain may be considered neuropathic. There is no indication from the record that this worker has peripheral neuropathic pain. According to the MTUS, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Given that 3 of the drugs in this compound are not recommended in this case, the compound as a whole is not recommended.