

<b>Case Number:</b>	CM15-0115950		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/16/2009
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 52-year-old male with a reported date of injury of 05/16/2009. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms/injuries at the time of the injury were not indicated. The diagnoses include bilateral shoulder rotator cuff syndrome; bilateral shoulder acromioclavicular joint arthrosis, status post distal clavicle excision; right knee chronic strain, rule out meniscal tear; chronic lumbar strain, rule out meniscal tear; and high blood pressure. Treatments and evaluation to date have included a lumbar epidural steroid injection, and oral medications. The progress report dated 05/14/2015 indicates that the injured worker had persistent pain in the lower back, which was rated 3-4 out of 10. The pain was frequent and slightly improved after his first lumbar epidural steroid injection in January; however, the pain was slowly returning. The injured worker also had left shoulder pain, rated 3 out of 10 and right shoulder pain, rated 5 out of 10. He took Norco, which helped take the pain from 7 out of 10 down to 2-3 out of 10. The injured worker had been taking Norco since 07/28/2014. The pain was made worse with cold weather and activities. The injured worker was currently working. An examination of the lumbar spine showed a little increase in range of motion with tenderness over the paraspinal muscles, right greater than left; positive Kemp's sign bilaterally; positive right straight leg raise test; decreased strength and sensation at L4, L5, and S1 on the right; deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendon. An examination of the bilateral shoulders showed decreased range of motion with pain; tenderness over the acromioclavicular joints; decreased muscle strength of 4/5 with flexion and

abduction on the right. The examination of the right knee showed slightly decreased range of motion; positive Valgus and Varus stress test; positive McMurray's; and normal quadriceps strength. The treatment plan included the continuation with pain management for medication, a second lumbar spine epidural injection the following week, topical pain cream to be applied 2-3 times per day or as directed. The injured worker will continue working unrestricted, and will follow-up to the clinic in six weeks. The treating physician requested Flurbiprofen 20%/Baclofen 10%/Lidocaine 4% cream 180 grams in an attempt to control the injured worker's pain further.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20%/Baclofen 10%/Lidocaine 4%, 180 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 MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of neuropathic pain or of a trial of an antidepressant or anticonvulsant as first-line therapy. The compounded medication contains flurbiprofen, a non-steroidal anti-inflammatory agent (NSAID), Lidocaine and Baclofen. MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The site of application was not specified. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDS are diclofenac formulations. All other topical NSAIDS are not FDA approved. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. Baclofen in topical form is not recommended by the guidelines. According to the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the medications in this compounded topical product are recommended by the guidelines. The request does not meet guideline recommendations. Therefore, the request for Flurbiprofen 20%/Baclofen 10%/Lidocaine 4% cream 180 grams is not medically necessary.