

<b>Case Number:</b>	CM15-0115951		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	08/04/2015	<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of July 13, 2011. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve a request for a flurbiprofen containing topical compound. The claims administrator referenced a May 14, 2015 office visit and an associated RFA form of May 26, 2014 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated May 26, 2015, the flurbiprofen-containing topical compound at issue was endorsed. In an associated progress note of May 21, 2015, the applicant reported ongoing complaints of low back pain, 2/10. The applicant was using Soma and Vicodin. The applicant had received recent lumbar epidural steroid injection therapy, it was reported. The applicant was currently working, it was acknowledged. The topical compounded agent in question was endorsed. The applicant's work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 5%, lidocaine 4% cream, 180 grams: Upheld**

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

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

**Decision rationale:** No, the request for a flurbiprofen-baclofen-lidocaine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.