

<b>Case Number:</b>	CM15-0116098		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<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: Arizona, Michigan

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 injured worker is a 55-year-old male, who sustained an industrial injury on September 14, 2012. The injured worker was diagnosed as having right carpal tunnel syndrome, left cubital tunnel syndrome, left lower extremity lumbar radiculopathy at L5 per electromyography (EMG) dated April 23, 2013, chronic lumbar strain with disc herniation, and cervical and thoracic sprain/strain. Treatment to date has included epidural steroid injection (ESI), electromyography (EMG), physical therapy, x-rays, TENS, chiropractic treatments, massage, MRI, and medication. Currently, the injured worker complains of persistent pain in the lower back, that radiates down both legs and down into the right and left foot, with numbness and tingling in the right foot and pain in the heel of the left foot, and bilateral wrist and bilateral hand pain. The Primary Treating Physician's report dated May 18, 2015, noted the injured worker reported the lower back pain a 6/10, having been a 7-8/10 over the past few weeks, with the bilateral wrist and hand pain a 4/10. The injured worker reported the pain better with rest and medication, having received a lumbar epidural steroid injection (ESI) that morning. Physical examination was noted to show the lumbar spine with decreased range of motion (ROM), a positive Kemp's sign bilaterally, decreased strength on the right at L4 and L5 and on the left at L5. Examination of the bilateral wrists and hands was noted to reveal weak grip strength, and decreased sensation on the right hand at the median and ulnar aspects, with decreased sensation on the left at the median aspect only. The treatment plan was noted to include continuation of Norco, and requests for authorization for chiropractic treatments and Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%), and Flexeril dispensed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurb 20 Percent, Baclo 5 Percent, Lido 4 Percent 180 Gram:** 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 note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication contains Flurbiprofen, a non-steroid anti-inflammatory drug (NSAID). The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Baclofen is noted as not recommended, with no peer-reviewed literature to support the use of topical Baclofen. Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia, and is not recommended for non-neuropathic pain. The documentation provided failed to include any objective findings of the injured worker's pain, or the identified body part(s) indicated for the application. Furthermore, the compound contains Baclofen, not recommended to be used as a topical agent, and Lidocaine, recommended only to be used as a dermal patch. Based on the MTUS guidelines and the documentation provided, Flurb 20 Percent, Baclo 5 Percent, Lido 4 Percent 180 Gram is not medically necessary.