

<b>Case Number:</b>	CM15-0116763		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, California  
 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 is a 56 year old male, who sustained an industrial injury on 01/03/2013. He has reported injury to the low back. The diagnoses have included lumbar disc herniation at L4-L5 and L5-S1; right knee sprain, rule out derangement; right lower extremity radicular pain; compensatory right knee strain, rule out meniscal tear; and right sacroiliitis. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, lumbar epidural steroid injection, chiropractic therapy, physical therapy, and home exercise program. Medications have included Tylenol #3 and Ultram. A progress report from the treating physician, dated 05/19/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent pain in the neck, rated at 3-4/10 on the pain scale; persistent lower back pain, rated at 3-4/10 on the pain scale; the lower back pain radiates into his right leg; frequent right knee pain, rated at 4/10 on the pain scale; the pain is made better with rest and medications; the pain is made worse with weather and activities; and he had a lumbar epidural steroid injection two months ago, and it reduced his pain at least 50% if not more. Objective findings included decreased range of motion to the cervical spine; tenderness to the cervical paraspinals; cervical compression test and Spurling's test were positive; lumbar spine range of motion is decreased; tenderness to the lumbar paraspinals; still slight decreased strength and sensation 4+/5 on the right at L4, L5, and S1; and there was also positive patellofemoral grind. The treatment plan has included the request for topical cream-Flurbiprofen, Baclofen, Lidocaine; and urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream-Flurbiprofen, Baclofen, Lidocaine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as topical Baclofen are not recommended due to lack of evidence. In addition, the claimant had been on other topical analgesics in the past and currently on oral Tramadol with the request of topical Flurbiprofen, Baclofen, Lidocaine. The claimant also does not have a diagnosis of diabetic neuropathic pain or arthritis to require topical Flurbiprofen or Lidocaine. Since the compound above contains topical Baclofen, the compound in question is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for UDT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.