

<b>Case Number:</b>	CM15-0118606		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 08/21/2001. She has reported subsequent low back pain and was diagnosed with L5-S1 posterior annular disc tear, L4-L5 anterior annular disc tear, L3-L4 annular disc tear, right L5 and S1 radiculopathy, status post L5-S1 microdiscectomy in 2001 and right sacroiliac joint dysfunction. Treatment to date has included medication and surgery. The only medical documentation submitted is a PR-2 note dated 05/25/2015. At this time, the injured worker complained of constant aching/burning pain across the low back and numbness of the right lateral leg and top of the foot. Objective findings were notable for tenderness to palpation of the supraspinous ligament L5-sacrum and hypoesthesia of the right lateral leg and dorsum of the foot. A request for authorization of Flurbiprofen 20%/Gabapentin 6%/Lidocaine 5%/Baclofen 2%/Cyclobenzaprine 2% was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2%:**  
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): 111-112.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In addition, as per MTUS, Baclofen and Gabapentin are not recommended as there is no peer-reviewed literature to support use and there is no evidence for use of any other muscle relaxant or anti-epileptic product. The topical medication requested contains Lidocaine which is not approved for use in a cream, lotion or gel formulation and Baclofen, Gabapentin and Cyclobenzaprine which are not recommended due to insufficient evidence. There is also no documentation of a failure of first line therapy. Therefore, the request for authorization of Flurbiprofen 20%/Gabapentin 6%/Lidocaine 5%/Baclofen 2%/Cyclobenzaprine 2% is not medically necessary.