

<b>Case Number:</b>	CM15-0122147		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: 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 injured worker is a 40 year old female, who sustained an industrial injury on 8/16/2012. She reported acute low back pain when arranging a floor mat. Diagnoses include lumbar disc protrusion and stenosis, bilateral carpal tunnel syndrome, diabetes mellitus and depression. Treatments to date include medication therapy, chiropractic therapy, acupuncture treatments, and physical therapy. Currently, she complained of ongoing low back pain with increasing numbness, tingling and weakness to bilateral lower extremities. There was also numbness noted in bilateral wrists. On 5/13/15, the physical examination documented positive straight leg test on the left side with decreased sensation and weakness in the left leg. There was significant atrophy of the lower extremities noted. The plan of care included a topical compound cream consisting of Flurbiprofen/Baclofen/Lidocaine 20%/5%/4%; and Ibuprofen 800mg tablets, one tablet every eight hours with food #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluribiprofen/BaclofenLidocaine cream 20%/5%/4%/ 180gm: 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:** MTUS Guidelines are very specific that only FDA/Guideline approved topical agents are supported and if any compound includes a non-supported agent, that compound is not recommended. This compound is made up of non recommended agents. Guidelines do not support Fluribiprofen, topical muscle relaxants (Baclofen) or lidocaine 4% in a cream form. There are no unusual circumstances to justify an exception to Guidelines. The Fluribiprofen/ Baclofen Lidocaine cream 20%/5%/4%/180gm is not Guideline compliant and is not medically necessary.

**Ibuprofen 800mg 1 every 8 hours with food #60 (dispensed):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-68.

**Decision rationale:** MTUS Guidelines do not support the use of daily chronic anti-inflammatories for chronic low back pain. However, the Guidelines do allow for use if beneficial in mixed pain (neuropathic/nocioceptive). This individual has neuropathic pain symptoms and the amount of pain relief is reported to be up to 30%. This may not be adequate relief, but certainly could be meaningful pain relief for individual with chronic pain and use of other medications for pain is limited. Under these circumstances, the Ibuprofen 800mg 1 every 8 hours with food #60 (dispensed) is medically necessary.