

<b>Case Number:</b>	CM15-0123029		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, 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 48 year old female with an industrial injury dated 05/31/2014. The injured worker's diagnoses include status post right knee arthroscopy on 5/2014, debridement of meniscal tear, recurrent right knee meniscal tear, posterior and right disc protrusion at L4 over L5, posterior central disc protrusion at T12 over L1 and right wrist ganglion cyst. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/29/2015, the injured worker reported cervical spine, lumbar spine, right wrist, right knee and right ankle pain. Objective findings revealed decreased lumbar range of motion, tenderness to the lumbar paraspinal, positive Kemp test, decreased right grip strength, tenderness of the right wrist with slight decrease in range of motion. Right knee exam revealed scars, slight decrease range of motion, and decreased quadriceps strength. The treating physician prescribed Flurbiprofen 20%/ Baclofen 5%/ Lidocaine 4% #180 grams, apply a thin layer 2-3 times per day, now under review. The patient had received an unspecified number of the PT visits in the past. The medication list include Norco, Aspirin, metformin, Lisinopril and Simvastatin.

### 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% #180 grams, apply a thin layer 2-3 times per day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** Request: Flurbiprofen 20%/ Baclofen 5%/ Lidocaine 4% #180 grams, apply a thin layer 2-3 times per day. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. As per cited guideline, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medication Flurbiprofen is a NSAID. Baclofen is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per the cited guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical Flurbiprofen and Baclofen are not recommended in this patient for this diagnosis as cited. The medical necessity of the request for Flurbiprofen 20%/ Baclofen 5%/ Lidocaine 4% #180 grams, apply a thin layer 2-3 times per day is not fully established in this patient. Therefore, the request is not medically necessary.