

<b>Case Number:</b>	CM15-0127145		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 52 year old male who sustained an industrial injury on 2/23/11 from a trip and fall as he was walking backwards carrying a load he fell and landed on his both buttocks. As he was falling he heard a cracking sound coming from his low back; injury to the right shoulder; numbness in both legs. He was medically evaluated, had x-rays, received medication, got a referral to neurosurgeon and was off work. The neurosurgeon prescribed physical therapy to the lumbar spine and an MRI which revealed "fat being pulled away from the tailbone." He currently complains of persistent pain in the mid and low back and right shoulder with back pain radiating to the buttocks. The pain is unchanged from previous visit (per 6/24/15 note) and his pain level was 6/10. On physical exam of the lumbar spine there was tenderness on palpation and spasms and limited range of motion. Medications were Norco and Flexeril which bring pain down to 3-4/10. Diagnoses include status post right shoulder arthroscopic debridement, subacromial decompression, rotator cuff repair and open proximal biceps tendonesis (6/12/11); status post right shoulder rotator cuff revision, debridement, subacromial decompression revision and debridement (3/12/12); thoracic spine sprain/ strain; status post L3-4 laminectomy (old); status post lumbar spine redo central decompression laminectomy at L3-4, microdiscectomy at L4-5 on the right; medial facetectomy and foraminotomy at L3-4 and L4-5 bilaterally, Baxano foraminal decompression at L4-5 on the right and repair of iatrogenic dural tear at L4-5 (8/6/12); lumbar spine sprain/ strain. Treatments to date include surgeries to the right shoulder, tailbone, right shoulder, lumbar spine; three lumbar epidural steroid injections with improvement of left leg symptoms for two weeks; physical therapy. Diagnostics include MRI's of the right shoulder, right humerus and lumbar spine; electromyography/ nerve conduction

studies of the bilateral lower extremities. In the progress note dated 6/24/15 the treating provider's plan of care includes a request for flurbiprofen/ baclofen/ Lidocaine cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20%, Baclofen 5%, and Lidocaine 4%, 180g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section, Topical Analgesics Section Page(s): 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) 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. As at least one of the medications in the compounded medication is not approved per the guidelines, the request for Flurbiprofen 20%, Baclofen 5%, and Lidocaine 4%, 180g is determined to not be medically necessary.