

<b>Case Number:</b>	CM15-0127404		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/19/2015
<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 25-year-old male who sustained an industrial /work injury on 7/3/12. He reported an initial complaint of cervical spine, lumbar spine, and bilateral shoulder pain. The injured worker was diagnosed as having lumbar sprain/strain, blunt head trauma, headaches, herniated disc at C6-7, chronic lumbar strain, right upper extremity radiculitis, bilateral shoulder sprain, and insomnia. Treatment to date includes medication and diagnostic testing. Currently, the injured worker complained of neck pain that radiated down the arms, lower back pain, and bilateral shoulder pain. Pain was rated 8/10. Per the primary physician's report (PR-2) on 6/8/15, exam revealed decreased cervical range of motion secondary to pain with hypertonicity bilaterally, cervical compression test was positive, decreased strength and sensation in the C5-C8 bilaterally, decreased thoracic and lumbar range of motion with tenderness to the paraspinals. Current plan of care-included diagnostics, follow up care, and medications. The requested treatments include Flurbiprofen 20%, Baclofen 5%, and Lidocaine 4% 180grams.

### 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% 180grams:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Baclofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% 180grams is not medically necessary.