

<b>Case Number:</b>	CM15-0129413		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 1/14/2010. She reported repetitive use injuries to bilateral shoulder and numbness and tingling in bilateral hands as well as a motor vehicle accident resulting in neck and low back pain. Diagnoses include chronic cervical strain, rule out disc herniation, chronic lumbar strain, rule out herniation, bilateral carpal tunnel syndrome, and bilateral shoulder impingement syndrome, rule out rotator cuff tear, left knee strain rule out meniscal tear. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she had multiple complaints of pain including the neck, bilateral shoulders, bilateral wrists, low back pain, and left knee pain. On 6/3/15, the physical examination documented loss of motion in cervical spine with a positive compressions test. The lumbar spine revealed loss of range of motion, a positive straight leg raise test, and decreased sensation in the left leg. The plan of care included a prescription for Flurbiprofen/ Baclofen; Lidocaine compound cream (20%/ %5/ 4%), 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, Topical NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in January 2010 and continues to be treated for neck, back, shoulder, wrist, and left knee pain. When seen, there was decreased cervical and lumbar range of motion with positive left cervical compression testing. There was decreased left upper and lower extremity sensation. There was decreased left shoulder range of motion with positive impingement testing. The claimant's BMI was over 27. This request is for a compounded topical medication with components including, Flurbiprofen and Baclofen. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.