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| <b>Case Number:</b>   | CM15-0149762 |                              |            |
| <b>Date Assigned:</b> | 08/13/2015   | <b>Date of Injury:</b>       | 11/25/2013 |
| <b>Decision Date:</b> | 10/02/2015   | <b>UR Denial Date:</b>       | 07/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/03/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 38 year old male who sustained an industrial injury on 11-25-13. The mechanism of injury was unclear. He currently complains of constant low back pain with radiation to the right lower extremity to the foot as well as anterior lower leg. His pain level was 5.5 out of 10. On physical exam of the lumbar spine there was decreased strength on the right and positive straight leg raise on the right as well. He uses a can for ambulation. Medications were Norco, Flexeril, and Prilosec. Drug screen dated 2-13-15 was inconsistent with prescribed medications and the drug screen from 6-30-15 was consistent with prescribed medications. Diagnoses include status post right sided microdiscectomy at L4-5 (10-16-14); annular tear at L5-S1; mild facet arthropathy at L4-5 and L5-S1; right leg radiculopathy. Treatments to date include physical therapy; medications. Diagnostics include MRI of the lumbar spine (5-27-15) showing abnormalities including disc bulge, stenosis, degenerative disc disease; electromyography, nerve conduction study (5-26-15) of the lower extremities showing normal nerve conduction study and abnormal electromyography. On 6-8-15 the treating provider requested flurbiprofen, baclofen, Lidocaine 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 (20%/5%/4%) 180gm, apply a thin layer 2-3 times per day as directed: 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:** The patient presents with pain in the lower back that radiates to the right lower extremity. The request is for Flurbiprofen/Baclofen/Lidocaine (20%/5%/4%) 180gm, apply a thin layer 2-3 times per day as directed. Examination to the lumbar spine on 05/28/15 revealed loss of range of motion. Straight leg raise test was positive on the left at 50 degrees with radiation of the pain to posterior left thigh as well as over the anterior right leg and dorsal foot. Per 07/10/15 progress report, patient's diagnosis include status post right microdiscectomy on L4-L5, annular tear of 5-mm at L5-S1 dated December 24, 2013, mild facet atrophy at L4-L5 and L5-S1 per MRI dated December 24 2013, 4 x 2 broad-based posterior disc protrusion at L4-L5 with minimal effacement of ventral thecal sac and mild to moderate central canal stenosis and mild to moderate right neuroforaminal stenosis per MRI dated May 27 2015, 3 to 4-mm broad-based posterior disc protrusion and end-plate osteophyte complex at L5-S1 with moderate bilateral neuroforaminal stenosis per MRI dated May 27, 2015. Patient's medication, per Request for Authorization Form dated 05/05/15 includes Norco. Patient is to remain off-work until 07/30/15. MTUS Guidelines, pages 111-113, Topical Analgesics section, has the following: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". The treater does not discuss this medication. A prescription for the requested topical cream first appears in progress report dated 08/28/15. Review of the medical records provided did not indicate a prior use and it appears the treater is initiating this medication. In this case, the requested topical contains Baclofen and Lidocaine, which are not supported for topical use by the guidelines. MTUS p111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. Therefore, the request is not medically necessary.