

<b>Case Number:</b>	CM15-0171105		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 51 year old male, who sustained an industrial injury on 4-01-2013. Diagnoses include acute lumbosacral strain rule out disc herniation, left hip contusion, lumbosacral radiculitis and bilateral lower extremity radicular pain. Treatment to date has included surgical intervention (left sided L4-5 laminectomy on 1-22-2015), as well as conservative measures including work restrictions, medications, physical therapy and injections. Per the Primary Treating Physician's Progress Report dated 6-01-2015, the injured worker presented for follow-up evaluation of persistent pain in the lumbar spine and left hip. He rates his current pain as 8 out of 10. Objective findings included tenderness to palpation. Ranges of motion were flexion 80 degrees, with pain, extension was described as full and active and bilateral rotation was slightly limited. Per the medical records dated 1-26-2015 to 6-28-2015 pain levels have remained essentially unchanged. Current pain levels with treatment are rated as 8 out of 10 and are reported as better with medication. The plan of care included medication management and authorization was requested on 7-02-2015 for Flurbiprofen 20%-Baclofen 5%-lidocaine 4% #180 gm, urine toxicology screen, Norco 10-325mg and Prilosec 20mg. On 7-29-2015, Utilization Review non-certified the request for Flurbiprofen 20%-Baclofen 5%-Lidocaine 4% #180 gm.

### 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% 180g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in April 2013 and is being treated for low back pain radiating into the left lower extremity and left hip pain. He underwent lumbar spine surgery in January 2015 with a left L4-5 laminotomy and decompression with resection of lipomatosis. When seen, he was having constant pain which was unchanged from the previous visit. Physical examination findings included positive left straight leg raising. There was decreased left extensor hallucis longus strength which has been documented since two weeks after surgery at the first post-operative visit. Authorization for an MRI without contrast was requested. Topical compounded cream was prescribed. 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 would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.