

<b>Case Number:</b>	CM15-0171640		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/17/2015
<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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 72 year old male, who sustained an industrial injury on 10-19-2009. The medical records submitted for this review did not include documentation regarding the initial injury or a complete list of prior treatments to date. Diagnoses include chronic neck pain, resolving, cervical degenerative disc disease, chronic low back pain, lumbar degenerative disc disease, bilateral shoulder sprain-strain, and right shoulder full thickness tear, and status post right shoulder surgery. Currently, he complained of ongoing pain in the neck, low back, bilateral shoulders and left hip. It was noted 2 out of 10 physical therapy sessions had been completed, and had increased range of motion. The provider documented that topical cream is the only medication that was used and noted to increased function and decreased pain. On 7-13-15, the physical examination documented tenderness with palpation of the cervical and lumbar spine and over the left shoulder. Range of motion in cervical and lumbar spines was decreased. The left shoulder revealed positive Hawkin's and Neer's signs. The plan of care included a prescription for a topical compound cream. The appeal requested authorization for Flurbiprofen 20% + Baclofen 5% + Lidocaine 4% cream, 180 grams. The Utilization Review dated 8-17-15, denied the request based on California MTUS Guidelines that "do not recommend use of topical baclofen nor use of topical lidocaine in a formulation other than as found in Lidoderm patches."

### 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% cream 180 gm:** 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:** Per MTUS with regard to Flurbiprofen (p 112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS p 113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Regarding topical lidocaine, MTUS states (p 112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)" Regarding the use of multiple medications, MTUS p 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As baclofen is not recommended, the compound is not medically necessary.