

<b>Case Number:</b>	CM15-0173992		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Pennsylvania, Ohio, 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 29 year old male, who sustained an industrial injury on 08-13-2014. He has reported subsequent neck and left upper extremity pain and was diagnosed with blunt head trauma, cervical strain, rule out cervical disc herniation, right mild compression of the median nerve at the carpal tunnel and left upper extremity radicular pain. MRI of the cervical spine dated 01-31-2015 showed 1-2 mm broad based posterior disc protrusions without evidence of canal stenosis or neural foraminal narrowing. Work status was documented as temporarily totally disabled. Treatment to date has included oral pain medication and application of ice which were noted to help relieve pain. In a progress note dated 07-28-2015 the injured worker reported 7 out of 10 neck pain radiating down the back more on the left. Motrin and Flexeril were noted to help relieve pain. Objective examination findings showed loss of range of motion of the cervical spine with palpable muscular hypertonicity and tenderness with active trigger point of the bilateral cervical paraspinal muscles and right upper trapezius muscles. The physician noted that topical pain medication was being requested in an attempt to wean the injured worker from Flexeril and Motrin due to injured worker's concerns about the adverse reactions secondary to taking medications but there was no notation of any adverse effects that were experienced from oral medications in the most recent progress notes dated 05-13-2015, 06-23-2015 and 07-28-2015. A request for authorization of Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%) 180 gm apply thin layer 2-3 times per day or as directed was submitted.

### 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%) 180gm apply thin layer 2-3 times per day or as directed:** 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:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover Baclofen is specifically recommended by this guideline for topical use. This request is not medically necessary.