

<b>Case Number:</b>	CM15-0029837		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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:

This 78 year old female sustained an industrial injury on 10/31/13, with subsequent ongoing low back and right lower extremity pain. In a PR-2 dated 11/10/14, the injured worker complained of low back pain, right knee pain and right leg pain with heaviness, rate 5-6/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the lumbar spine with decreased range of motion, muscle spasms and positive Kemp's, Valsalva's and straight leg raise bilaterally, right knee with decreased range of motion with tenderness to palpation with positive Varus and McMurray's. Motor strength was 5/5 to bilateral lower extremities with decreased sensation to the right lower extremity. Current diagnoses included lumbosacral sprain/strain, lumbar muscle spasm, lumbar disc protrusion with degeneration of the spine and foraminal narrowing, right knee sprain/strain, right knee tricompartmental osteoarthritis and lumbar spondylolisthesis. The injured worker had undergone recent electromyography/nerve conduction velocity test bilateral lower extremity. No results were included in the documentation submitted for review. On 12/15/14, Flurbiprofen/Gabapentine/Baclofen/Lidocaine/Cyclobenzaprine was dispensed. On 1/21/15, Utilization Review noncertified a request for retrospective Flurbiprofen/Gabapentine/Baclofen/Lidocaine/Cyclobenzaprine dispensed on 12/15/14 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen/Gabapentine/Baclofen/Lidocaine/Cyclobenzaprine dispensed on 12/15/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Anti-inflammatory medications Page(s): 111-113, 22.

**Decision rationale:** This patient presents with lower back pain, right knee pain, right leg pain. The treater has asked for Retrospective Flurbiprofen/Gabapentin/Gaclofen/Lidocaine/Cyclobenzaprine DISPENSED 12/5/14 but the requesting progress report is not included in the provided documentation. MTUS recommends topical NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. Page 111 also states that if one of the compounded product is not recommended, then the entire product is not recommended. In this case, the patient presents with chronic back and knee pain. The requested compounded topical cream, however, is not indicated per MTUS guidelines. As topical Cyclobenzaprine are not indicated, the entire compounded topical cream is also not indicated for use. The request IS NOT medically necessary.