

<b>Case Number:</b>	CM15-0041523		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 47 year old male, who sustained an industrial injury on 06/05/2009. He reported pain across his low back after a fall. The injured worker is currently diagnosed as having cervicalgia, failed post-laminectomy syndrome, right shoulder bursitis, right shoulder tenosynovitis, depression, and chronic pain syndrome. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, injections, lumbar surgery, and medications. In a progress note dated 01/22/2015, the injured worker presented with complaints of neck pain, low back pain, and right shoulder pain. The treating physician reported requesting authorization for a compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base, 180 grams, thirty day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

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

**Decision rationale:** The patient presents with neck pain radiating to upper extremity, low back pain radiating to lower extremities, and right shoulder pain. The request is for Flurbiprofen 20% Baclofen 10% Dexamethasone 2% in cream base, 180 grams, Thirty day supply. The request for authorization is dated 01/22/15. Patient also suffers from depression, irritability, lack of appetite, lack of energy and lack of motivation. Physical examination of the cervical spine reveals decreased ROM. Exam of lumbar spine reveals tenderness to palpation of the L5-S1 spinous processes and right SI joint and decreased ROM. Exam of the right shoulder reveals decreased ROM. Patient's medications include Neurontin, Soma and Norco. Per work status report dated 01/22/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use in lotion form. Furthermore, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Therefore, the request is not medically necessary.