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| <b>Case Number:</b>   | CM15-0071193 |                              |            |
| <b>Date Assigned:</b> | 04/21/2015   | <b>Date of Injury:</b>       | 01/22/2015 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 04/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/15/2015 |

### 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 26 year old male, who sustained an industrial/work injury on 1/22/15. He reported initial complaints of left hip, lower back, and right shoulder pain. The injured worker was diagnosed as having cervical, lumbar, and thoracic strain/sprain; right shoulder impingement; bilateral hip greater trochanteric bursitis. Treatment to date has included medication, stretching, and Epsom salt baths. MRI and X-ray results were discussed with exam on 2/26/15. Currently, the injured worker complains of neck, low back, bilateral hip, and right shoulder pain that were 4/10 with medication and 8/10 without. Per the primary physician's progress report (PR-2) on 2/26/15, examination noted cervical/lumbar range of motion was decreased with spasms at C3-7 and L3-S1. Motor strength was 5/5 in the arms and legs. There was tenderness with palpation over the greater trochanteric areas. Current plan of care included physical therapy and topical medication. The requested treatments include Retrospective request for Baclofen, Cyclobenzaprine, Gabapentin, Flurbiprofen, Lidocaine compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Flurbiprofen 15%/Lidocaine 2.5% 120 grams dispensed on 2/27/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical salicylate Page(s): 111-113, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in January 2015 and is being treated for neck, low back, right shoulder, and bilateral hip pain. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. 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. 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 is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.