

<b>Case Number:</b>	CM15-0073860		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/04/2015
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Internal Medicine

### 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 48 year old male, who sustained an industrial injury on 3/04/2015. Diagnoses include lower back pain and lumbar sprain/strain. Treatment to date has included medications and modified work. Per the Primary Treating Physician's Progress Report dated 3/27/2015, the injured worker reported sharp tightness of the low back from the center and to the right. Physical examination revealed tenderness to palpation to supraspinatus ligament L1-L3 and right erector spinal. Range of motion was flexion 80 degrees, extension 20 degrees, left flexion 20 degrees and right flexion 20 degrees. Straight leg raise test was positive on the right and left at 70 degrees. The plan of care included a prescription for compound medicated transdermal cream and authorization was requested for Flurbiprofen-Lidocaine-Baclofen-Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Cream #360gm:** 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 Analgesics Page 111-113.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document a history of low back complaints. Transdermal cream #360 grams Flurbiprofen 15%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2% was requested. Per MTUS, Baclofen is not recommended. Per MTUS, there is no evidence for use of a muscle relaxant as a topical product. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compounded transdermal cream containing Baclofen and Cyclobenzaprine is not supported by MTUS guidelines. Therefore, the request for transdermal cream #360 grams is not medically necessary.

**Flurbiprofen 15%-Lidocaine 5%-Baclofen 2% Cyclobenzaprine 2%:** 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 Analgesics Page 111-113.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document a history of low back complaints. Transdermal cream #360 grams Flurbiprofen 15%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2% was requested. Per MTUS, Baclofen is not recommended. Per MTUS, there is no evidence for use of a muscle relaxant as a topical product. Per MTUS, any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compounded topical transdermal cream containing Baclofen and Cyclobenzaprine is not supported by MTUS guidelines. Therefore, the request for topical Flurbiprofen 15%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2% is not medically necessary.