

<b>Case Number:</b>	CM13-0021283		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41-year-old injured worker who reported an injury on June 30, 2011. Their subjective complaints include pain in the neck and right upper extremity; including their elbow, forearm, hand, upper arm, shoulder, and wrist. It also notes that the patient reports swelling in the right hand. The diagnoses include a strain of the right shoulder and upper arm, strain of the right elbow and forearm, strain of the right wrist, strain of the right hand/finger, cervical strain, carpal tunnel syndrome, and status post right carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded topical cream containing Baclofen, Ketoprofen, Lidocaine, PCCA lipoderm basic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They further state that any compounded product that contains at

least 1 drug, or drug class, that is not recommended, is not recommended. The requested compounded topical cream is stated to contain baclofen, ketoprofen, lidocaine, and PCCA Lipoderm basic. Additionally, the California Guidelines state that baclofen is not recommended for topical use and there is no evidence for the use of any other muscle relaxant as a topical product as well. The guidelines also specify that topical ketoprofen is not currently FDA-approved for topical applications, as the compounded medicine contains at least 2 substances that are not recommended for topical use. The request for Compounded topical cream containing Baclofen, Ketoprofen, Lidocaine, PCCA Lidoderm basic is not medically necessary and appropriate