

<b>Case Number:</b>	CM14-0155380		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 43-year-old female who reported a date of injury of 08/30/2006. The mechanism of injury was reported as a fall. The injured worker had diagnoses of brachial neuritis, joint derangement, shoulder, and ulnar nerve lesion. Prior treatments included physical therapy, acupuncture and chiropractic treatments. The injured worker had an EMG on 03/28/2012 with an unofficial report indicating an abnormal study, with impaired conduction of the left upper lumbar nerve, bilateral femoral cutaneous nerve, right femoral cutaneous nerve, very severe, and bilateral posterior femoral cutaneous nerve. Surgeries included open left shoulder cuff repair on 08/14/2008, open right shoulder cuff repair on 09/23/2009, and lumbar epidural steroid injection on 07/10/2010. The injured worker had complaints of constant left shoulder pain, rated 6-8/10, that radiated to the neck, left side of the face, eye, and left arm, with numbness and tingling to the left hand. The clinical note dated 08/27/2014, noted the injured worker had tenderness to palpation of the cervical and lumbar spine, a limited range of motion of the left shoulder, and decreased sensations to the left side of the face and neck, and left hand. Medications were not indicated within the medical records provided. The rationale and request for authorization form were not provided within the medical records submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen2%/Cyclobenzaprine2%/Flurbiprofen10%/Gabapentin6%/Lidocaine2% 180GM QTY: Upheld**

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

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

**Decision rationale:** The request for Baclofen2%/ Cyclobenzaprine2%/ Flurbiprofen10%/ Gabapentin6%/ Lidocaine2% 180GM QTY is not medically necessary. The injured worker had complaints of constant left shoulder pain, rated 6-8/10, that radiated to the neck, left side of the face, eye, and left arm, with numbness and tingling to the left hand. The California MTUS Guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, also indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Recommended for short term use of 4 to 12 weeks. Any compounded product that contains at least one drug that is not recommended is not recommended. Topical gabapentin and baclofen are not recommended, there is no peer reviewed literature to support their use. Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. The guidelines indicate the use of topical analgesics after unsuccessful trials with antidepressants and anticonvulsants. However, there is a lack of documentation indicating the injured worker has failed treatments with antidepressants or anticonvulsants. The guidelines indicate topical gabapentin and baclofen are not recommended, for which the request was submitted. Additionally, the request as submitted did not specify the frequency of the medication's use or an area of application. As such, the request is not medically necessary.