

<b>Case Number:</b>	CM14-0175121		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/06/2000
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 3/6/00. She was seen by her primary treating physician on 10/2/14 and noted that the trigger point injection provided some relief but her left wrist range of motion was still painful. Her exam showed restricted range of motion at end range of the left wrist with 2+ tenderness at the carpal bone. She had a positive Tinel's and Phalen's. Her diagnoses were right shoulder impingement and bilateral CTR - cubital tunnel release. At issue in this review is the request for medication refills of Gabapentin 10%, Lidocaine 5% 180 gm and Baclofen 2%, Flurbiprofen 5%, acetly-l-carnitine 180 gm. Length of prior therapy was not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Lidocaine 5% 180 gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug

class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. The medical records fail to document any significant improvement in pain or functional status to justify ongoing use. Regarding topical Baclofen 2%, Flurbiprofen 5%, acetly-l-carnitine 180 gm in this injured worker, the records do not provide clinical evidence to support medical necessity for this non-recommended compounded product.

**Baclofen 2%, Flurbiprofen 5%, acetly-l-carnitine 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. The medical records fail to document any significant improvement in pain or functional status to justify ongoing use. Regarding topical Baclofen 2%, Flurbiprofen 5%, acetly-l-carnitine 180 gm in this injured worker, the records do not provide clinical evidence to support medical necessity for this non-recommended compounded product.