

<b>Case Number:</b>	CM14-0077199		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 65 year old female who sustained an industrial injury on 3/13/2014. According to the hand-written PR-2 dated 5/21/2014, the patient complains her shoulder still hurts, neck gets stiff, fingers get numb and wrist is still painful. She has more pain with activities. She also complains her low back feels tight and uncomfortable. She describes only taking her oral pain medications when pain is severe. Objective findings document generalized weakness of upper extremities, positive Tinel's and Phalen's, limited ROM of the shoulder and weakness of bilateral grips. Diagnoses are brachial neuritis NOS and mononeuritis upper limb. Treatment plan is need to start PT, continues meds as needed and needs transdermal (high HTN). She is instructed to remain off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal ointment (Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Katamine 15%) 150 grams x 1 refill: 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:** According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding non-steroidal antiinflammatory agents (NSAIDs), such as flurbiprofen, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine or shoulders. Regardless, there is no clear established diagnosis of osteoarthritis of a joint amenable to topical treatment. According to the guidelines, Gabapentin is not recommended in topical formulations. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the guidelines, baclofen is not recommended, and there is no evidence for use of any muscle relaxant as a topical product. Consequently this compounded product is not supported by the evidence based guidelines, and is not medically necessary.