

<b>Case Number:</b>	CM14-0083707		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Orthopaedic Surgery and is licensed to practice Montana. 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 62 year old female housekeeper who sustained an injury to the left shoulder in an industrial accident on 11/1/12 while mopping a floor. She has diagnoses of left shoulder adhesive capsulitis, a full thickness tear of the supraspinatus, and tendinosis of the subscapularis. She has undergone a left shoulder arthroscopy, but the operative note is not provided for review and the extent of the procedure is not documented in the records provided. The injured worker has persistent left upper quadrant pain despite physical therapy (PT) and activity modification. She reports dyspepsia with the use of oral medications. The treating physician has recommended the use of topical baclofen/cyclobenz/flurbiprofen/gabapentin/lidocaine, 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen/Cyclobenz/Flurbipro/Gabapenti/Lidocaine, 180gm:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines and the Official Disability Guidelines (ODG) note for topical medications, 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 [for use]. Baclofen, flurbiprofen, cyclobenzaprine and gabapentin are not recommended for topical use for any indication and lidocaine topical is only Food and Drug Administration (FDA) approved for the treatment of post herpetic neuralgia. As the four of the five compound medications are not recommended for topical use and as the injured worker does not have a diagnosis of postherpetic neuralgia, the compounded topical medication, baclofen/cyclobenz/flurbipro/gabapenti/lidocaine, 180gm cannot be recommended for certification under the Medical Treatment Utilization Schedule (MTUS) guidelines and the Official Disability Guidelines (ODG) guidelines and is considered not medically necessary.