

<b>Case Number:</b>	CM14-0188996		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family Practice 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 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:

Claimant is a 54 year old male sustained a work injury on 11/2/12 involving the right upper extremity. He was diagnosed with right shoulder adhesive capsulitis, right shoulder impingement syndrome, right shoulder acromioclavicular joint arthritis and right carpal tunnel syndrome. He had used oral Norco for pain relief and undergone physical therapy. He underwent a right carpal tunnel release in August 2014. A progress note on 8/13/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for spasms in the right shoulder, elbows and wrists. Tinel's and Phalen's test were positive on the right. The physician requested a TENS unit for the wrist as well as topical Ketoprofen/Gabapentin/Lidocaine Compound Cream for the right shoulder, right wrist, and right elbow. There was also a request for Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine Compound Cream for the right shoulder, right wrist, and right elbow. A subsequent request was made on 9/17/14 for continuation of the above medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Gabapentin/Lidocaine Compound Cream for the right shoulder, right wrist, and right elbow with DOS 9/17/2014.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 112.

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

**Decision rationale:** Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This form of treatment is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, topical Gabapentin is not recommended due to lack of clinical evidence to support its use. Since the above compound contains Gabapentin, the topical compound is not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine Compound Cream for the right shoulder, right wrist, and right elbow with DOS 9/17/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 112.

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

**Decision rationale:** Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This form of treatment is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, topical muscle relaxants such as Cyclobenzaprine and antispasmodics such as Baclofen are not recommended due to lack of clinical evidence to support their use. Since the above compound contains Baclofen and Cyclobenzaprine, the topical compound is not medically necessary.