

<b>Case Number:</b>	CM15-0005186		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	02/12/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old female with an industrial injury dated 02/12/2010. Follow up visit on 11/19/2014 noted she presented with left shoulder pain and left wrist pain rated at 8/10. She was currently using compounded creams that help her to decrease pain half a day. She was to start therapy on 12/03/2014. Physical exam of the shoulder revealed limited range of motion and pain on flexion. The pain radiated to the right arm and was associated with tingling, pulsating and weakness. Range of motion of the wrist was limited and painful on radial deviation and extension. Diagnoses were right shoulder sprain/strain, rule out ligament tear and right wrist sprain/strain, rule out carpal tunnel syndrome. Work status is full duty with no limitations or restrictions. The record dated 11/19/2014 is the only record submitted for this review. On 12/09/2014 Utilization review non-certified the request for gabapentin 10%-amitriptyline 10%-bupivacaine 5% 210 grams 2-3 times per day noting gabapentin is not recommended as a topical formulation. MTUS Guidelines were cited. The request for Flurbiprofen 20%, Baclofen 20%-Dexamethasone 2 % 210 grams 2-3 times per day was also non-certified noting, there is no indication of failed oral non-steroidal anti-inflammatory drugs to warrant topical Flurbiprofen. Additionally MTUS does not support baclofen. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Baclofen 10% Dexamethasone 2% 210gm:** Upheld

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records do not provide such a rationale for this proposed topical agent. Additionally this same guideline specifically does not recommend Baclofen for topical use. For these reasons this request is not medically necessary.

**Gabapentin 10% Amitriptyline 10% Bupivacaine 5% 210gm:** Upheld

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records do not provide such a rationale for this proposed topical agent. Additionally this same guideline specifically does not recommend Gabapentin for topical use. For these reasons this request is not medically necessary.