

Case Number:	CM15-0133518		
Date Assigned:	07/21/2015	Date of Injury:	04/28/2014
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 27-year-old female who reported an industrial injury on 4/28/2014. Her diagnoses, and or impression, were noted to include: right shoulder strain, rule-out internal derangement and rotator cuff syndrome; right wrist strain, rule-out internal derangement; and right elbow strain. No current imaging studies were noted. Her treatments were noted to include night splinting; medication management; and modified work duties. The progress notes of 5/28/2015 reported a return visit for moderate pain in her right wrist/hand/finger/arm/shoulder and elbow that is with occasional numbness, a decreased ability to grip/grasp/write, and occasional radiation of pain; that this pain is aggravated by activities and changes in the weather, and is made better with rest. Objective findings were noted to include a positive impingement sign, with a slight loss in range-of-motion, in the right shoulder; positive Tinel's at the right medial epicondyle/elbow that was with decreased sensation; and positive Phalen's and Tinel's at the carpal tunnel of the right wrist, that was with decreased range-of-motion. The physician's requests for treatments were noted to include a compound analgesic cream for findings suggestive of possible neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Topical Cream: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for right upper extremity pain. When seen, pain was rated at 3-5/10. Physical examination findings included decreased shoulder range of motion with positive impingement testing. There was decreased medial forearm sensation and positive Tinel's testing at the elbow. There was decreased wrist range of motion with positive Phalen and Tinel's testing. Authorization for compounded topical cream was requested. This request is for a compounded topical medication with components including, Flurbiprofen and baclofen. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.