

<b>Case Number:</b>	CM15-0138385		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 62-year-old who has filed a claim for chronic shoulder, hand, and wrist pain reportedly associated with an industrial injury of November 22, 2013. In a utilization review report dated June 22, 2015, the claims administrator failed to approve requests for a topical compounded cream and Lidoderm patches. The claims administrator referenced an RFA form received on June 12, 2015 in its determination. The applicant's attorney subsequently appealed. On RFA, forms dated May 14, 2015 and May 13, 2015, acupuncture was sought. In an associated progress note dated May 4, 2015, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue wrist braces. Ongoing complaints of wrist, shoulder, and arm pain, 6-8/10 were reported. The applicant was not working. The applicant was using unspecified oral and topical medications, it was reported. The applicant's complete medication list was not provided. A medical-legal evaluator reported on June 15, 2015 that the applicant was off of work and had been off of work since 2014. The medical-legal evaluator reported that the applicant was in the process of beginning Cymbalta and was in the process of tapering off of Zoloft. The applicant also had a variety of issues with depression and anxiety, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream: Flurbiprofen/Baclofen/Lidocaine cream, 20%/5%/4% 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 rationale:** No, the request for a topical compounded flurbiprofen, baclofen, lidocaine, containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Lidoderm patches 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

**Decision rationale:** Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was reported on May 4, 2015, despite ongoing usage of the Lidoderm patches in question. Ongoing usage of Lidoderm failed to curtail the applicant's dependence on topical compounds, acupuncture, wrist braces, or other forms of medical treatment. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20(e), despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.