

<b>Case Number:</b>	CM15-0138451		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: California

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:

The injured worker is a 47-year-old female with an industrial injury dated 07/31/2014. Her diagnoses included chronic cervical strain, bilateral carpal tunnel syndrome, bilateral rotator cuff syndrome, rule out rotator cuff tear; and rotator cuff tendinopathy with mild impingement as well as mild bicipital tendinopathy. Prior treatment included cortisone injection, medications and bilateral hand brace. She presents on 06/12/2015 for follow up of persistent pain in the bilateral shoulders at 6/10 which is intermittent and slightly worsening. Bilateral hand pain is at 6/10 which is intermittent and slightly worsening. Naproxen helps her pain and brings it down from 6 to 2. Physical examination noted tenderness of subacromial space in both shoulders. Hawkins and Neer's tests were positive. Neurologically both upper extremities were normal except for decreased sensation in the bilateral medial nerve root distribution. The treatment request is for Flurbiprofen 20% Baclofen 5% Lidocaine 4% 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Baclofen 5% Lidocaine 4% 180grams:** Upheld

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

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

**Decision rationale:** Regarding this request, one of the components requested is topical baclofen. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 113 of 127 state the following: "Topical Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." Given these guidelines, the topical baclofen is not medically necessary. Since any formulation must have all components as recommended in order for the formulation to be medically necessary, this request is not medically necessary.