

<b>Case Number:</b>	CM15-0161514		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: 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 [REDACTED] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of February 3, 2012. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve a request for topical compounded cream apparently prescribed and/or dispensed on or around July 10, 2015. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported ongoing complaints of hand and wrist pain status post earlier wrist surgery. The note was very difficult to follow, not entirely legible, and did not seemingly incorporate any discussion of medication selection or medication efficacy. The applicant was given a rather proscriptive 20- pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. An earlier note of May 13, 2015 suggested that the applicant was using Motrin for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 5%, Lidocaine4% cream 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** No, the request for a flurbiprofen-baclofen-lidocaine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first line oral pharmaceuticals such as Motrin, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guideline deems largely experimental topical compounds such as the article in question. Therefore, the request was not medically necessary.