

<b>Case Number:</b>	CM15-0166166		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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

### 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 is a 39-year-old male who sustained an industrial injury on 09-06-2012 while subduing a combative suspect. Diagnoses include status post right wrist fusion on 1-27-2014 with persistent right distal forearm and wrist pain; left knee internal derangement, status post arthroscopic surgery 5-15-2015; and bilateral shoulder internal derangement. Treatment to date has included medication, right hand and wrist surgery (x4), knee surgery and left shoulder surgery, ice therapy unit, hand and wrist injections and physical therapy. According to the progress notes dated 8-11-2015, the IW (injured worker) reported he stopped taking Percocet due to nausea and he also stopped taking Lyrica. He stated the compounded medication was more effective for his neuropathic pain in the right hand, right forearm and wrist than the Lyrica, with greater than 50% pain relief from the topical medication. He complained of pain over the operative site in his right forearm extending into the mid hand and noted tingling in his fingers. The pain was aggravated by right upper extremity use, especially with gripping. He rated his pain 4 out of 10 with compounded medication and 8 out of 10 without it. He did note improved ability to be more active and to use the right upper extremity when using the compounded medication. He also had ongoing left knee pain, although it was improving after surgery. The left shoulder was also painful after the surgery. On examination, he had decreased grip strength and reduced range of motion with right wrist flexion and extension. There was tenderness over the lateral and medial wrist region. There was no evidence of abnormal hair growth or muscle atrophy. A request was made for Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6% and Ketamine 10%, 240gm with 3 refills to be applied three to four times daily.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluribprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6%, and Ketamine 10% #240gm with 3 refills:** 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) 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic 2012 injury without improved functional outcomes attributable to their use. The Fluribprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6%, and Ketamine 10% #240gm with 3 refills is not medically necessary and appropriate.