

<b>Case Number:</b>	CM15-0169732		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 35 year old female who sustained an industrial injury on 09-01-2009. Current diagnoses include cervical spine discopathy, bilateral carpal tunnel syndrome, upper extremity radiculitis, lumbar spine sprain-strain, rule out discopathy, psych issues, sleep disturbance, gastrointestinal upset, and status post left carpal tunnel release. Report dated 10-09-2014 noted that the injured worker presented for follow up, requesting medications. Pain level was not included. Physical examination performed on 10-09-2014 revealed positive Phalen's and Tinel's in hands, elbow has full range of motion and positive Tinel's, cervical spine tenderness and restricted range of motion. Previous diagnostic studies include cervical spine MRI, electrodiagnostic study, and urine drug screen. Previous treatments included medications, surgical intervention, and psych care. The treatment plan included refill meds, transdermals, continue psych, and pending AME report. Of note some of this report was hard to decipher. The utilization review dated 07-24-2015, non-certified the retrospective request for Baclofen-Flurbiprofen-L Carnitine compound cream (DOS 10-14-2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for compound cream Baclofen/Flurbiprofen/L-Carnitine (Date of service 10/14/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants topical Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. The claimant did not have diagnoses to support topical Flurbiprofen. Length of use, frequency and location of application was not specified. Since the compound above contains these topical medications, the compound in question is not medically necessary.