

<b>Case Number:</b>	CM15-0189944		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/05/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: North Carolina  
 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 56 year old male who sustained an industrial injury on 07-05-2009. Current diagnoses include right carpal tunnel syndrome advanced with atrophy, right basal joint degenerative traumatic arthritis, right de Quervain's disease, left carpal tunnel syndrome advanced with atrophy, left de Quervain's disease, left basal joint degenerative traumatic arthritis, and left second, third, fourth, fifth finger severe intrinsic tightness. Report dated 08-13-2015 noted that the injured worker presented with complaints that included sore muscle, pain in both hands, pain in fingers both hands, cramps in right hand, numbness of the right hand, weakness in both hands, and depression. Physical examination performed on 08-13-2015 revealed positive median nerve compression test and Tinel's sign left carpal tunnel, increased pain left basal joint, positive tenderness left first dorsal compartment, positive Finkelstein's test, and no change in range of motion of the left fingers. Previous treatments included medications, surgical interventions, and injections. The treatment plan included returning in 4 weeks for evaluation, AME on 09-02-2015, comprehensive second opinion by psychiatrist and pain management specialist, prescribed medications, request to receive and review records, recommendation for a thumb series, recommendation for scar cream, and recommendation for compound creams for neuropathic pain and general joint and musculoskeletal pain. Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base has been prescribed since at least 07-16-2015. The utilization review dated 09-14-2015, non-certified the request for compound medication-Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base, apply 2 - 3 times daily, #240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation [www.fda.gov](http://www.fda.gov); [www.rxlist.com](http://www.rxlist.com).

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below: 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (baclofen), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.