

<b>Case Number:</b>	CM15-0192051		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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:

This injured worker is a 40 year old female, who sustained an industrial injury on 05-19-2014. The injured worker was diagnosed as having radiculopathy, cervical sprain-strain, right carpal tunnel syndrome, status post right carpal tunnel release and left carpal tunnel syndrome. On medical records dated 07-27-2015 and 06-25-2015, the subjective complaints were noted as cervical spine pain, right wrist pain and left wrist pain. Objective findings were noted as cervical spine range of motion was decreased and painful. Tenderness to palpation of the bilateral trapezii, bilateral upper trapezii, cervical paravertebral muscles and spinous process. Muscle spasm of the bilateral trapezii, bilateral upper trapezii, cervical paravertebral muscles and spinous processes were noted. Muscles spasms of the bilateral trapezii and cervical paravertebral muscles. Bilateral shoulder depression causes pain bilaterally. Foraminal compression causes pain bilaterally. Right wrist tenderness and forearm muscle spasms was noted and Phalen's pain. Left Wrist range of motion was painful. Tenderness to palpation of wrist and forearm muscle spasm was noted as well. No pain scale was mentioned. Treatments to date included medication. The injured worker was noted to be not working. Current medications were listed as not listed on 07-27-2015. Medication list on 06-25-2015 was noted as Diclofenac Sodium, Cyclobenzaprine, Zolpidem and Pantoprazole. The Utilization Review (UR) was dated 09-03-2015. A Request for Authorization for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% Lidoderm base (retrospective). The UR submitted for this medical review indicated that the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% Lidoderm base (retrospective) was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% Lidoderm base (retrospective): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.