

<b>Case Number:</b>	CM15-0036777		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 8/31/2012. She has reported injury to the right wrist and hand. The diagnoses have included paresthesias, right hand, arthrofibrosis, right wrist, right carpal tunnel, partial tear of the triangular fibro-cartilage complex (TFCC) status post ulnar osteoplasty 2014 and status post Open Reduction and Internal Fixation (ORIF) of right wrist 2013 with removal of wrist plate 2014. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, and occupation therapy. Currently, the IW complains of severe and worsening carpal tunnel syndrome of the right wrist. The physical examination from 1/12/15 documented slight swelling of volar distal forearm, positive Tinel's and Phalen's. The plan of care included a steroid injection, anti-inflammatory, wrist brace, and modified activity. An electromyogram was ordered. On 2/18/2015 Utilization Review non-certified a topical compound cream 240 Grams; apply three to four times daily, #1, noting the compound cream contains Baclofen, which is not recommended by guidelines. The MTUS Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of topical compound cream 240 Grams; apply three to four times daily, #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream 240gm, apply 1-2 grams 3-4 times a day #1: Upheld**

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

**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 multiple 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 muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Topical compound cream 240gm, apply 1-2 grams 3-4 times a day #1 is not medically necessary and appropriate.