

<b>Case Number:</b>	CM15-0050552		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 52 year old female, who sustained an industrial injury on 6/10/14. The injured worker has complaints of stiffness to the entire right hand. The diagnoses have included mallet finger. The documentation noted that she has stat-a-dyne splint with some benefit with decreased swelling in the hand with Naprosyn she is taking for her shoulder. The requested treatment is for Compound cream: Flubiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6%..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream: Flubiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** Based on the 02/10/15 progress report provided by treating physician, the patient presents with pain and stiffness to hand due to fourth digit mallet injury. The request is for Compound Cream: Flurbiprofen 10% Baclofen 2% Cyclobenzaprine 2% Lidocaine 5% Gabapentin 6%. Patient's diagnosis per Request for Authorization form dated 02/16/15 includes mallet finger. The patient has stat-a-dyne splint with some benefit with decreased swelling in the hand. Patient continues with home therapy. Medications include Naprosyn for shoulder pain. The patient is temporarily totally disabled, per treater report dated 02/10/15. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per progress report dated 02/10/15, treater states "the patient had multiple rounds of oral anti-inflammatory medication in the past. I would like to transition her to a topical for the digits to avoid the systemic side effects." NSAID portion of topical is indicated for osteoarthritis, which the patient does not present with, and is to be used for short duration of 2 weeks. Also, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, Baclofen, Cyclobenzaprine and Gabapentin, all which are not supported for topical use in lotion form, per MTUS. The request does not meet guideline criteria, therefore it is not medically necessary.