

<b>Case Number:</b>	CM14-0199521		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59 year old woman sustained an industrial injury on 11/19/2012. Orthopedic notes dated 10/21/2014 state that the worker is now experiencing symptoms of soreness in the extensors and FCU as well as triggering in the fourth digit. All of the worker's symptoms are noted to wax and wane. Documentation indicates that the worker is unable to take oral anti-inflammatory medication due to "abdominal problems" however, does not specify what these may be. It is further noted that the Voltaren gel has been approved; however, the worker has not been able to fill the prescription. A sample of Voltaren did give her some benefit; however, this is not further detailed as to pain rating or functional improvement. The physician decided to give her a prescription for a "topical compound that will give her a stronger topical benefit from the Voltaren". No further detail is given to the components of the compound or selection. Physical examination showed tenderness at the carpometacarpal joint (CMC), grind tender, FCU positive with resisted, positive ulnar grind, axial load, stable Distal Radial Ulnar Joint (DRUJ), soreness in the extensor and flexors, and trigger in the fourth digit. The worker stated that she would like to avoid injections, oral anti-inflammatory medications, and operative options as long as possible. On 10/29/2014, Utilization Review evaluated a prescription for Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%, Gabapentin 8%, 120 gm with three refills. The Utilization Review physician noted that there is not clear documentation indicating the reasons for the physician ordering each ingredient in the compound or the intended goal of compounding the medications. Additionally, the worker has been issued a prescription for Voltaren gel that has not been filled. There is no documentation regarding this. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%, Gabapentin 8% 120 gm with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment 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 pains 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 NSAID, muscle relaxant, anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, the authorized Voltaren Gel and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Topical Compound Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%, Gabapentin 8% 120 gm with 3 refills is not medically necessary and appropriate.