

<b>Case Number:</b>	CM15-0113832		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 54 year old female, who sustained an industrial injury on 10/05/2011 secondary to jamming her right digit in a sliding door. On doctor's first report of occupational injury or illness dated 04/06/2015 the injured worker has reported bilateral wrist and hand/digit pain. On examination tenderness was noted at bilateral wrist/ positive Phalen's test and bilateral tenderness to hand and range of motion pain. The diagnoses have included bilateral wrist carpal tunnel syndrome and bilateral hand sprain/strain. Treatment to date has included laboratory studies, medication and topical compound cream. The provider requested Baclofen 2%/Cyclobenzaprine 2%/Flurbiprofen 15%/Hyaluronic acid 0.2% 150gms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 2%/Cyclobenzaprine 2%/Fluriprofen 15%/Hyaluronic acid 0.2% 150gms:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 76-79, 111-113.

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

**Decision rationale:** MTUS Guidelines is very specific regarding the appropriate use of topical analgesics. The Guidelines recommend use of only FDA or Guideline approved products and if a compound includes a non-supported product the compound is not recommended. Guidelines do not support topical muscle relaxants (Baclofen, Cyclobenzaprine) and they do not support topical Flubiprofen. There are no unusual circumstances to justify an exception to Guidelines. The Baclofen 2%/Cyclobenzaprine 2%/Fluriprofen 15%/Hyaluronic acid 0.2% 150gms is not supported by Guidelines and is not medically necessary.