

<b>Case Number:</b>	CM15-0115757		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 56-year-old female who sustained an industrial injury on 11/05/2013. Current diagnoses include right carpal tunnel syndrome, right wrist de Quervain's tenosynovitis, right thumb finger, right foot strain, status post carpal tunnel release and first digit trigger finger release from March 2015, and left wrist pain due to compensation, rule out ganglion cyst. Previous treatments included medications, right carpal tunnel release and trigger finger release on 03/27/2015, and physical therapy. Report dated 05/15/2015 noted that the injured worker presented with complaints that included right wrist pain at the base of the wrist and palm, left wrist pain at the first metacarpophalangeal joint, and right foot and ankle pain. Pain level was 5 (right wrist) and 1 (right foot and ankle) out of 10 on a visual analog scale (VAS). The injured worker is currently not working. Physical examination was positive for right wrist decreased grip strength and tenderness over the A1 pulley at the first digit, tenderness over the first metacarpophalangeal joint of the left wrist with palpable mass and decreased range of motion in the right foot and ankle with tenderness over the lateral malleoli. The treatment plan included scheduling a follow up appointment with the hand surgeon, continue Tramadol, request authorization for Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180 gm, and request for physical therapy. The physician noted that the request for the Flurbiprofen/Baclofen/Lidocaine Cream is an attempt to help control pain and wean her from the Tramadol. Disputed treatments include Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180gm SIG: apply thin layer 2-3 times per day or as directed: Upheld**

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

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

**Decision rationale:** According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen and baclofen are not FDA approved for topical use. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. There was documentation of a diagnosis of moderate to severe carpal tunnel syndrome on the right but not that the injured worker has tried and failed antidepressants and anticonvulsants. Based on the recommendations per the guidelines the request for Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180gm SIG: apply thin layer 2-3 times per day or as directed is not medically necessary.