

<b>Case Number:</b>	CM15-0169004		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Indiana, New York  
Certification(s)/Specialty: 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 45 year old female with an industrial injury date of 01-14-2010. Medical record review indicated she was being treated for bilateral carpal tunnel syndrome, radial styloid tenosynovitis, gastritis and status post right carpal tunnel release. Subjective complaints (07-30-2015) included right and left anterior wrist pain, rated as 3 out of 10 and described as noticeable "approximately" 100% of the time. The pain is rated as 5 at its worst and at its best 2. Medical record review does not indicate activities of daily living limitations or improvements. Prior treatments included a course of physical therapy, right carpal tunnel release. In the 03-05-2015 pain management consultation and report the treating physician documented a prescription for Nabumetone. The injured worker was taking Prilosec. Physical exam (07-30-2015) noted palpable tenderness of bilateral anterior and posterior wrist, bilateral anterior and posterior elbow and bilateral anterior and posterior forearm. The treating physician documented the injured worker had signed a pain management agreement, urine drug screen done at the 07-30-2015 visit and CURES database was used. The treating physician documented, "There has been no evidence of impairment, abuse, diversion or hoarding." The treating physician indicated he was prescribing a topical pain medication "to reduce pain, increase function and mobility and decrease the need of additional oral medications." On 08-10-2015 the request for FCL (Flurbiprofen 15%, Baclofen 2%, Dexamethane 2%, Menthol 2%, Camphor 2% Capsaicin 0.0375%, Hyaluronic acid 0.20%)180 grams was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FCL (Flurbiprofen 15%, Baclofen 2%, Dexamethane 2%, Menthol 2%, Camphor 2% Capsaicin 0.0375%, Hyaluronic acid 0.20%) 180 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 15%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, and Hyaluronic acid 0.2%, 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; radial styloid tenosynovitis; gastritis; and status post right carpal tunnel release. Date of injury is January 14, 2010. Request for authorization is dated July 30, 2015. According to a July 30, 2015 progress note, subjective complaints include right and left anterior wrist pain 3/10. Objectively, there is tenderness to palpation over the right and left anterior wrist with decreased range of motion. The treatment plan states apply topical analgesic to the wrist three times daily. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Capsaicin 0.375% is not recommended. Topical Baclofen is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Capsaicin, Baclofen and Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 15%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, and Hyaluronic acid 0.2%, 180 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 15%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, and Hyaluronic acid 0.2%, 180 g is not medically necessary.