

<b>Case Number:</b>	CM15-0170038		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Emergency 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 36 year old male, who sustained an industrial injury on 5-24-2014. Diagnoses include moderate bilateral carpal tunnel syndrome, cervical sprain-strain, lumbar sprain-strain, bilateral wrist sprain-strain rule out herniation, bilateral knee strain, status post right ankle fracture and status post left ankle fracture. Treatment to date has included conservative measures including diagnostics including electrodiagnostic testing, oral and topical medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 7-16-2015, the injured worker presented for follow-up of cervical spine, lumbar spine, bilateral wrist, bilateral knee, left ankle and left foot pain. He reported that his pain is better with Norco. Pain without medication is rated as 8 out of 10 and pain with medication is rated as 2 out of 10. Objective findings of the right wrist included tenderness and positive Tinel's at the carpal tunnel with decreased range of motion because of pain. There was decreased sensation in the median nerve root distribution. Examination of the lumbar spine revealed tenderness in the midline and paraspinals with hypertonicity noted in the paraspinals. The plan of care includes transcutaneous electrical nerve stimulation (TENS), electrodiagnostic testing and surgical intervention and a carpal tunnel release has been scheduled. Authorization was requested on 7-22-2015 for TENS unit, Norco 10-325mg #90 and Flurbiprofen 20%-Baclofen 5%-Lidocaine 4% cream 180gm x1. On 7-30-2015, Utilization Review non-certified the request for Flurbiprofen 20%-Baclofen 5%-Lidocaine 4% cream 180gm x1 based on lack of recommendation per the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Baclofen 5%/Lidocaine cream 4% 180gm x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The requested Flurbiprofen 20%/Baclofen 5%/Lidocaine cream 4% 180gm x 1 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has cervical spine, lumbar spine, bilateral wrist, bilateral knee, left ankle and left foot pain. He reported that his pain is better with Norco. Pain without medication is rated as 8 out of 10 and pain with medication is rated as 2 out of 10. Objective findings of the right wrist included tenderness and positive Tinel's at the carpal tunnel with decreased range of motion because of pain. There was decreased sensation in the median nerve root distribution. Examination of the lumbar spine revealed tenderness in the midline and paraspinals with hypertonicity noted in the paraspinals. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20%/Baclofen 5%/Lidocaine cream 4% 180gm x 1 is not medically necessary.