

<b>Case Number:</b>	CM15-0175825		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 39 year old male, who sustained an industrial injury on July 6, 2009. The injured worker was diagnosed as having right shoulder rotator cuff syndrome, status post arthroscopy, right shoulder painful rotator cuff tear and right shoulder acromioclavicular arthrosis, status post distal clavicular excision. Treatment to date has included diagnostic studies, surgical intervention of the right shoulder, medications and work restrictions. Evaluation on August 10, 2015, revealed continued cervical pain rated at 7-8 on a 1-10 scale with 10 being the worst and right shoulder pain and lumbar pain rated at 8 on a 1-10 scale with 10 being the worst with associated pain radiating to the right lower extremity and right hand. A topical compound cream was recommended. It was noted a percutaneous electrical nerve stimulator, neurostimulator power source placement and percutaneous implantation of neurostimulator electrode arrays, peripheral nerves was performed on August 12, 2015, August 19, 2015 and August 26, 2015. Evaluation on August 31, 2015, revealed cervical spine pain, lumbar pain and right shoulder pain. He rated his cervical pain at 7, his lumbar pain at 6 and his right shoulder pain at 7-8 on a 1-10 scale with 0 being the worst. It was noted he was not working at that time. It was noted his status was modified work. A topical compound was recommended. The RFA included a request for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm, apply a thin layer 2-3 times a day or as directed and was non-certified on the utilization review (UR) on September 1, 2015.

### 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, apply a thin layer 2-3 times a day or as directed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant still remained on oral analgesics without reduction or elimination while on topicals. Since the compound above contains these topical medications, the Flurbiprofen/Baclofen/Lidocaine cream 20%/5%/4% is not medically necessary.