

<b>Case Number:</b>	CM15-0093300		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old male sustained an industrial injury on 12/14/07. He subsequently reported back pain. Diagnoses include cervical disc disorder, shoulder tendinitis, carpal tunnel syndrome, lumbar disc displacement and status post discectomy. Treatments to date include x-ray and MRI testing, physical therapy, surgery and prescription pain medications. The injured worker continues to experience neck, low back and bilateral upper and lower extremity pain. Upon examination, tenderness was noted along the entire cervical and lumbar spine. Cervical and lumbar range of motion was restricted on all planes. Bilateral shoulder range of motion was restricted, Braggart test was positive and sitting root test was positive on the right. A request for FCL: Flurb 20%, Baciafen 2%, Dexe 2%, Menthol 2%, Cam 2%, Capsa 0.0375%, Hyaluronic Acid 0.20% was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCL: Flurb 20%, Baciafen 2%, Dexe 2%, Menthol 2%, Cam 2%, Capsa 0.0375%, Hyaluronic Acid 0.20%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in December 2007 and continues to be treated for chronic widespread pain. When seen, physical examination findings included decreased spine and right shoulder range of motion and multiple areas of tenderness. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including hyaluronic acid. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.