

<b>Case Number:</b>	CM15-0098864		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on August 15, 2008. She reported right and left shoulder pain, left wrist pain, right hip pain and right knee pain. The injured worker was diagnosed as having status post right hip arthroscopy, right hip sprain, degenerative arthritis and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right hip, cortisone injection of the right hip under fluoroscopy, left wrist surgery, conservative care, medications and work restrictions. Currently, the injured worker complains of continued right and left shoulder pain, left wrist pain, right hip pain and right knee pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 4, 2014, revealed continued pain in the shoulder and wrist however, excellent benefit was noted with right hip surgery. Cortisone injection to the right shoulder was noted to provide benefit. A topical compound pain cream was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream (Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 15%, Lidocaine 5%)  
#120 grm: 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxants over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Compound cream (Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 15%, Lidocaine 5%) #120 grm is not medically necessary and appropriate.