

<b>Case Number:</b>	CM15-0099885		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on January 17, 2014, incurring knee and hand injuries. She was diagnosed with bilateral knee tendinopathy, bilateral hand tendinitis, carpal tunnel syndrome and bilateral knee chondromalacia with internal derangement. Treatment included physical therapy, hand and wrists splinting, pain management and work modifications with restrictions. Currently, the injured worker complained of persistent stiffness, with numbness and tingling of the hands. Pain was present with range of motion and with forearm tenderness. The treatment plan that was requested for authorization included a prescription for topical analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 2%/ Baclofen 10%/ Dexamethasone 2%/Hyaluronic acid 0.2% in cream base 240gm:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic ankle pain. Hyaluronic acid, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flurbiprofen 2%/ Baclofen 10%/ Dexamethasone 2%/Hyaluronic acid 0.2% in cream base 240gm is not medically necessary.