

<b>Case Number:</b>	CM13-0017228		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/09/2012
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66-year-old male who reported injury on 09/09/2012. The mechanism of injury was the injured worker's left hand was caught in a pulley roller. The patient underwent debridement of the left hand with decompressive fasciotomy. The treatments included medications and therapy. The documentation of 07/18/2013 revealed the injured worker had returned to work. The injured worker did not have full flexion of the second, third, fourth, and fifth digits; nor did he have full extension. The examination revealed the injured worker had a lack of at least 1 inch of being able to touch the finger pad of the palm of his hand and lacked 25 degrees of full extension at the MCP and PIP joints of the second, third, and fifth digits. Diagnoses included a deep, complex laceration with degloving of the left hand. The request was made for anti-inflammatories and pain cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PHARMACY PURCHASE OF CYCLOBENZAPRINE 10% 120GM CREAM (DOS 7/22/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Muscle Relaxants; Cyclobenzaprine Page(s): 111-113,41.

**Decision rationale:** California MTUS indicates topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are 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. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review failed to indicate the duration of use for the medication. There was a lack of documentation indicating the injured worker had neuropathic pain and that the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for retrospective pharmacy purchase of cyclobenzaprine 10%, 120 gram cream, date of service 07/22/2013, is not medically necessary.

**RETROSPECTIVE PHARMACY PURCHASE OF FLURBIPROFEN 20% 150GM CREAM (DOS 7/22/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen Page(s): 111, 72.

**Decision rationale:** The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The clinical documentation submitted for review failed to indicate the duration of use for the medication. There was a lack of documentation indicating the injured worker had neuropathic pain and that the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for retrospective pharmacy purchase of flurbiprofen 20%, 150 gram cream, date of service 07/22/2013, is not medically necessary.

**RETROSPECTIVE PHARMACY PURCHASE OF GABAPENTIN 10% 120GM CREAM (DOS 7/22/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Gabapentin Page(s): 111-113.

**Decision rationale:** California MTUS states that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are 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. Gabapentin is not recommended for topical use. There is no peer-reviewed literature to support use. The clinical documentation submitted for review failed to indicate the duration of use for the medication. There was a lack of documentation indicating the injured worker had neuropathic pain and that the injured worker had a trial and failure of antidepressants and anticonvulsants. Given the above, the request for retrospective pharmacy purchase of gabapentin 10%, 120 gram cream, date of service 07/22/2013, is not medically necessary.

**RETROSPECTIVE PHARMACY PURCHASE OF TRAMADOL 20% 150GM CREAM (DOS 7/22/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Tramadol Page(s): 111,82.

**Decision rationale:** California MTUS states that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy per CA MTUS guidelines. The clinical documentation submitted for review failed to indicate the duration of use for the medication. There was a lack of documentation indicating the injured worker had neuropathic pain and that the injured worker had a trial and failure of antidepressants and anticonvulsants. Given the above, the request for retrospective pharmacy purchase of tramadol 20%, 150 gram cream, date of service 07/22/2013, is not medically necessary