

<b>Case Number:</b>	CM13-0039185		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Internal Medicine and is licensed to practice in California. 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:

Patient is an injured worker with bilateral upper extremity conditions. Date of injury was 03-04-2013. Primary treating physician's comprehensive orthopedic consultation report 09-16-2013 was provided by [REDACTED]. Mechanism of injury: Patient gradually developed pain in her wrists and hands due to repetitive keyboarding, typing, prolonged use of computer mouse, and repetitive hand manipulations. Present complaints: Patient complains of bilateral hand and wrist pain. Physical examination documented bilateral wrist tenderness and grip weakness. Diagnosis: Bilateral carpal tunnel syndrome. Utilization review dated 09-24-2013 recommended non-certification of the requests for Ketoprofen gel; Gabapentin, Cyclobenzaprine, Capsaicin; Flurbiprofen gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 tube of ketoprofen 20% gel 120 grams:** Upheld

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

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Ketoprofen is a Non FDA approved agent. Ketoprofen is not currently FDA approved for a topical application. MTUS guidelines do not support the medical necessity of Ketoprofen gel. Therefore, the request for 1 Tube Of Ketoprofen 20% Gel 120 Grams is not medically necessary.

**1 tube of gabapentin 10%, cyclobenzaprine 10% and capsaicin 0.075% 120 grams:** Upheld

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

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

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no evidence for use of a 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. MTUS guidelines do not support the medical necessity of a topical product containing Gabapentin, Cyclobenzaprine, Capsaicin. Therefore, the request for 1 Tube Of Gabapentin 10%, Cyclobenzaprine 10% And Capsaicin 0.075% 120 Grams is not medically necessary.

**1 tube of flurbiprofen 20% gel 120 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Topical analgesics; Non-steroidal anti-inflammatory agents (NSAIDs), <http://www.drugs.com/pro/flurbiprofen-tablets.html>, and <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.SearchAction&SearchTerm=flurbiprofen&SearchType=BasicSearch>.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. For chronic musculoskeletal pain, there are no long-term studies of their effectiveness or safety. Official Disability Guidelines (ODG) Pain (Chronic) addresses topical analgesics containing non-steroidal anti-inflammatory agents (NSAIDs). There

is little research available in terms of bioavailability and objective clinical endpoints for these agents. FDA-approved agents: At this time, the only available FDA-approved topical NSAID is diclofenac. Flurbiprofen is FDA approved as oral tablet and ophthalmic formulations. No topical analgesic formulation of flurbiprofen is FDA approved. MTUS, ODG, and FDA guidelines do not support the medical necessity of Flurbiprofen gel. Therefore, the request for 1 Tube Of Flurbiprofen 20% Gel 120 Grams is not medically necessary.