

<b>Case Number:</b>	CM13-0050460		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 patient is a 51 year old female who was injured on 05/04/2012. The patient indicated a box fell on top of her hands and she began having bilateral hand pain. Prior treatment history has included medications, therapy, and acupuncture. 08/20/2013 Medications Include: Acetaminophen 500 mg Caps #40 Ibuprofen 200 mg Tabs #40 Diagnostic studies reviewed include MRI of the left hand without contrast performed on 10/01/2012 revealed degenerative changes at the metacarpophalangeal joints and findings consistent with tendinosis and tenosynovitis of the extensor carpi ulnaris tendon. Electrodiagnostic Report dated 03/19/2013 revealed normal nerve conduction study and normal Electromyography (EMG) PR4 dated 08/20/2013 documented the patient to have complaints of pain in the right and occasionally the left wrist, 0 to 7/10. Grip, grasp, lift, push, and pull exacerbate the pain. Wearing a brace and rest helped relieve the pain. She was unchanged from previous exams. Objective findings on exam revealed the wrists with no significant soft tissue swelling and tenderness to palpation over the dorsal aspect of the wrists and over the entire dorsal aspect of the hands. There was no ecchymoses. There were no lacerations, abrasions, puncture wounds, fracture, blisters, or skin breakdown. There was capillary refill in all the fingers less than 2 seconds. The fingers were warm and pink with normal sensation. The patient was able to flex and extend the fingers without any difficulty. The forearms compartments were soft and compressible. Neurological exam of the upper extremities revealed sensation was intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral upper extremities; Motor strength examination was 5/5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL FLURBIPROFEN/CAPSAICIN/MENTHOL/10/0.025/2/1% 120GM:** Upheld

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

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

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesic is recommended as an option and is considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Also, guidelines indicate for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The medical records fail to document an appropriate diagnosis supporting the use of topical non-steroidal anti-inflammatory drugs (NSAIDs). Guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is not medically necessary according to the guidelines.

**TOPICAL KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 10% 3% 5% 120GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine is utilized for neuropathic pain and is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drug such as gabapentin or Lyrica). As per guidelines, there is no evidence for use of muscle relaxant as a topical product. Thus, the request is not medically necessary and appropriate according to the guidelines.