MAXIMUS Federal Services

| Case Number: | CM13-0062096 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/04/2013 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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 physician 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 28-year-old female who reported an injury on 03/04/2013. The mechanism of injury was excessive typing. A review of the medical records reveals the patient's diagnoses include bilateral carpal tunnel syndrome, right wrist avascular necrosis and ganglion cyst, and right medial epicondylitis. The most recent clinical documentation dated 11/22/2013 reveals the patient complains of headaches, constant and severe right wrist and hand pain that she rates 9/10 with radiation up to the right shoulder with associated numbness, tingling, and weakness. The patient also reports intermittent and severe left wrist and hand pain rated 8/10. Physical examination revealed tenderness to palpation over the right wrist. There was limited range of motion of the right wrist. Phalen's and reverse Phalen's test were positive bilaterally. Upper extremity motor weakness was noted bilaterally. There was sensory deficit noted over the median nerve distribution bilaterally.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A tube of Ketoprofen/Ketamine gel dispensed on 10/21/13:** Upheld

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

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

**Decision rationale:** Per California MTUS Guidelines, it is stated that topical analgesics are strongly experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation in the medical record of any failed attempts of the use of antidepressants or anticonvulsants for the patient's condition. The requested medication also contains ketoprofen, which is under study, per California MTUS Guidelines, and only recommend for treatment in refractory cases in which all primary and secondary treatment has been exhausted. Per California MTUS Guidelines, any compound ingredient that includes 1 drug that is not recommended is not recommended. As ketamine is under study per California MTUS Guidelines and there is no documented failed attempts at the use of antidepressants or antiepileptic drugs, the medical necessity for the requested service cannot be determined at this time, and the retrospective request for 1 tube of ketoprofen 20% and ketamine 10% gel 120 grams is non-certified.

**A tube of gabapentin/cyclobenzaprine/capsaicin gel dispensed on 10/21/13:** Upheld

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

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

**Decision rationale:** Per California MTUS Guidelines it is stated that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are generally recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation in the medical records suggesting that there have been any failed attempts at the use of antidepressants or anticonvulsant medications to treat the patient's condition. It is also stated in California MTUS Guidelines that any compound medication that includes 1 drug that is not recommended is not recommended. The requested medication contains both gabapentin and cyclobenzaprine. Per California MTUS Guidelines, there is no evidence for use of any muscle relaxant as a topical product, and gabapentin is not recommended, as there is no peer-reviewed literature to support its use as a topical analgesic. As such, the retrospective request for 1 tube of gabapentin 10%, cyclobenzaprine 10%, and capsaicin 0.075% gel 120 grams is non-certified.

**A tube of Flurbiprofen gel dispensed on 10/21/13:** Upheld

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

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

**Decision rationale:** Per California MTUS Guidelines, it is stated that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety.

They are primarily recommended when trials of antidepressants and anticonvulsants have failed. There is no documentation in the medical record of any failed attempts at the use of antidepressants or anticonvulsants for the patient's condition. The requested medication is classified as a nonsteroidal anti-inflammatory agent. California MTUS Guidelines indicates that topical NSAIDs are not currently approved for topical application. The FDA-approved relative administration of flurbiprofen would include oral tablets and/or ophthalmic solution. As the requested medication is not recommended topically by California MTUS Guidelines, and there is no documentation in the medical records that there have been any failed attempts at the use of antidepressant or anticonvulsant medications to treat the patient's condition, the medical necessity for continued use cannot be determined at this time. As such, the retrospective request for 1 tube of flurbiprofen 20% gel 120 grams is non-certified.