

<b>Case Number:</b>	CM13-0064764		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Emergency 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 with date of injury of 2/25/13. No mechanism of injury provided. Diagnosis of right wrist/hand pain, R carpal tunnel syndrome and R thumb CMC balsa joint arthritis. Prior medical records from primary treating physician and consults reviewed. Last available report is available until 9/17/13. Patient complains of right wrist and R hand pain. Pain worsens with activity. Pain is rated at moderate. Pt had reported improvement in pain on 9/17/13. Objective exam reveals positive medial nerve compression test, positive Tinel's, positive Phalen's test. Negative Finkelstein test. Mild positive 1st carpometacarpal grind test with tenderness to base of R thumb at joint. Strength is normal. Range of motion is normal. Patient had reportedly undergone hand splint, home physical therapy and Ketoprofen/Gabapentin/Tramadol cream. EMG/nerve conduction study on 4/19/13 reveals R mild ulnar neuropathy at elbow. Utilization review is for prescription for ketoprofen, gabapentin and tramadol compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF KETOPROFEN, GABPENTIN, AND TRAMADOL COMPOUND CREAMS: 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:** The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." 1) Tramadol: Tramadol is a unique opioid with norepinephrine uptake inhibitor activity. It is FDA approved for oral consumption only. There is no evidence for its use as an unapproved topical product. It is not recommended. 2) Gabapentin: Gabapentin is an anti-epileptic. As per MTUS guidelines it is not recommended with any evidence to support its use as a topical product. It is not recommended. 3) Ketoprofen: Ketoprofen is an NSAID (Non-steroidal anti-inflammatory). As per MTUS guidelines, topical analgesics have limited evidence for efficacy. There is some evidence for its efficacy in joint osteoarthritis pain and may be used in chronic pain. Since requested compounded cream contains Tramadol and Gabapentin that are non-recommended medications; the compounded cream is therefore not medically necessary or appropriate.