

<b>Case Number:</b>	CM13-0069954		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	12/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 36-year-old male who reported an injury on 10/21/2012 due to doing the usual and customary duties and customary duties of his job. The injured worker has diagnoses of right wrist with ganglion cyst, lumbar disc sprain, thoracic disc sprain, and left wrist with ganglion cyst. Past medical treatment consists of chiropractic therapy, osteopathic treatment, wrist brace, and medication therapy. Medications consist of topical analgesia. On 10/22/2013, the injured worker complained of left wrist pain. Physical examination revealed tenderness to the bilateral volar carpal ligament with equivocal Tinel's and Phalen's test, T8-T12. L2-L5 and lumbar spine region with improving range of motion. There were no physical objective findings on the injured worker's wrists. Medical treatment plan is for the use of topical analgesia for the right wrist. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ketoprofen/Cyclobenzaprine/Lidocaine/Flurbiprofen/Capsaicin/Methonl/Camphor provided on 9/19/13 for the right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical/Compounded Medications Page(s): 121-122.

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

**Decision rationale:** The request for Ketoprofen/Cyclobenzaprine/Lidocaine/Flurbiprofen/Capsaicin/Methonl/Camphor provided on 9/19/13 for the right wrist was not medically necessary. The California MTUS state that many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local analgesics, antidepressants, and adenosine triphosphate). There is little to no research to support the use of many of these agents. The California MTUS also state that topical compounds 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. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if patients have not responded or are intolerant to other treatments. The included documentation did not indicate whether the injured worker had been responsive to or was intolerant to any other treatments. Furthermore, the documentation submitted for review lacked any evidence of failed trialed antidepressants or anticonvulsants. Additionally, the request as submitted did not indicate a frequency, dosage, or duration of the medication. The request also did not indicate or specify the site at which the topical analgesic was intended for. Given the above, the injured worker was not within MTUS recommended guidelines. As such, the request was not medically necessary.