MAXIMUS Federal Services

| Case Number: | CM14-0104926 | | |
|---|---|---|---|
| Date Assigned: | 07/30/2014 | Date of Injury: | 10/12/2012 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 07/08/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 64-year-old male with a 10/12/2012 date of injury, while driving in attempt to get away from an oncoming car. 6/10/14 determination was non-certified given that none of the listed ingredients were supported for topical use. 7/28/14 progress report identified right wrist/hand pain and discomfort. Triggering in the right 2nd digit has resumed, sill with aching at the radial aspect of the wrist, worse when he wakes up. Taking naproxen a few times a week with good relief. Working full duty. Still can't open jars with right hand. Exam revealed improved swelling at the dorsal aspect of forearm, central small fullness has decreased. The wrist is 1+ tender on the dorsal aspect. There is decreased range of motion. At the time of the 6/10/14 evaluation trigger finger injections were performed. 5/28/14 examination revealed triggering in the right 2nd digit and 2/2 swelling. Diagnoses include right wrist joint pain, right radius fracture, and right trigger finger.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for TGHot Cream 240 gm.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Gabapentin, Capsaicin, Cyclobenzaprine, Topical Non-steroidal anti-inflammatory drugs (NSAIDs).

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no rationale for the need of a compound medication as opposed to more widely accepted oral medications. The medical necessity was not substantiated.

**One (1) prescription for Fluriflex Cream 240 gm.:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no rationale for the need of a compound medication as opposed to more widely accepted oral medications. The medical necessity was not substantiated.