

<b>Case Number:</b>	CM14-0019188		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 30 year old female who reported an injury on 05/05/2012, due to being attacked by a patient while working as a psychiatric technician. The clinical note dated 12/27/2013 presented the claimant with pain in the right wrist and hand, numbness and the inability to bend the second, third, and fourth digits without pain, stiffness in the joints, and difficulty sleeping. The employee's physical exam to the right wrist noted that the right hand felt cold to touch in comparison to the left hand, positive Tinel, and positive Phalen. Diagnoses include hand injury with possible metacarpophalangeal fractures, complex regional pain syndrome type 1, left hand and left wrist strain/sprain, overuse symptoms, cervical strain/sprain symptoms, depression, and post traumatic stress disorder. The treating physician recommended Cyclobenzaprine 10% and Gabapentin 10% 30GM. The request for authorization was not included in the medical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 10%, GABAPENTIN 10% 30GM:** 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.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The MTUS guidelines note muscle relaxants are not recommended for topical application. The guidelines note gabapentin is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). In this case, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. As the MTUS guidelines do not recommend the use of muscle relaxants or Gabapentin for topical application, the medication would not be indicated. It was also unclear if the employee had a diagnosis which would be congruent with the guideline recommendations for topical NSAIDs. Therefore, the request for Cyclobenzaprine 10%, Gabapentin 10% 30 gm, is not medically necessary and appropriate.