

<b>Case Number:</b>	CM14-0114005		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Occupational 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:

The patient is a 41-year-old female who has submitted a claim for shoulder and upper arm injury associated with an industrial injury date of April 18, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the right wrist, thumb, neck and anxiety. Examination revealed decreased sensation in the base of the thumb in the dorsal aspect of the thumb as well as thenar area of the right hand. Finkelstein and Tinel's sign were positive on the right side. Treatment to date has included Tramadol, Flexeril, and gabapentin. Utilization review from July 14, 2014 denied the request for Topical Flurbiprofen/Tramadol #1 and Topical Gabapentin/Amitriptyline #1 because these medications are not recommended by the guidelines and trials of antidepressants and anticonvulsants had not yet been shown to be ineffective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Flubiprofen/Tramadol #1:** Upheld

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. The topical formulation of tramadol does not show consistent efficacy. In this case, the patient has been prescribed topical cream as adjuvant therapy to oral medications. However, the requested compounded product contains Flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Furthermore, first-line therapy of anticonvulsants or antidepressants had not yet been shown to be ineffective. Therefore, the request for Topical Flurbiprofen/Tramadol #1 is not medically necessary.

**Topical Gabapentin/Aminiptyline #1:** Upheld

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

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

**Decision rationale:** Page 111 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. These are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. In addition, page 111 also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pages 112-113 of the CA MTUS state that gabapentin and other antiepilepsy drugs are not recommended for topical applications. In this case, the patient was prescribed Topical Gabapentin/Amitriptyline in conjunction with first-line therapy. However, first-line therapy had not yet been shown to be ineffective. Moreover, the medication being prescribed contains topical gabapentin which is not recommended for use. Therefore, the request for Topical Gabapentin/Amitriptyline #1 is not medically necessary.