

<b>Case Number:</b>	CM14-0168052		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Texas. 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 45 year old female who was injured at work on 10/28/2010 . The injured worker is reported to be complaining of constant 8/10 right elbow pain, constant 6-7/10 right wrist pain, and constant 8/10 right shoulder pain. Medications provide only limited help. The injured worker has difficulty sleeping and with activities of daily living. The physical examination revealed limited range of motion of the right elbow, right wrist, and right shoulder. There was inflammation of the right lateral epicondyle, and dorsal aspect of the right wrist. There was positive Tinel's sign, positive tenderness at the right AC joint and positive McMurray's test. The worker has been diagnosed of Internal derangement of the right shoulder, right wrist sprain/strain, right elbow sprain/strain. Treatments have included venlafaxine, and temazepam. At dispute are the requests Med Rx 8/29/14 180 Gm Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, and 180gm Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10 %.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rx 8/29/14 180 Gm Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on 10/28/2010. The medical records provided indicate the diagnosis of Internal derangement of the right shoulder, right wrist sprain/strain, right elbow sprain/strain. Treatments have included venlafaxine, and temazepam. The medical records provided for review do not indicate a medical necessity for Med Rx 8/29/14 180 Gm Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%. The MTUS recommends against any compounded product that contains at least one drug (or drug class) that is not recommended. Gabapentin, Camphor and Menthol are not recommended Topical Analgesics; therefore, the requested 180 gm Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% is not medically necessary.

**180gm Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 10/28/2010. The medical records provided indicate the diagnosis of Internal derangement of the right shoulder, right wrist sprain/strain, right elbow sprain/strain. Treatments have included venlafaxine, and temazepam. The medical records provided for review do not indicate a medical necessity for 180gm Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%. The MTUS recommends against any compounded product that contains at least one drug (or drug class) that is not recommended. Gabapentin, Amitriptyline, and Dextromethorphan are not recommended Topical Analgesics; therefore, the requested 180gm Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% is not medically necessary.