

<b>Case Number:</b>	CM14-0169540		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Physical Medicine and Rehabilitation 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 61 year-old patient sustained an injury to the right wrist on 11/1/14 from lifting a trunk of an SUV while employed by [REDACTED]. Request(s) under consideration include Topical compound cream Bupivacaine 1%, Diclofenac 3%, DMSO 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 grams with 3 refills. Treatment has included medications, wrist splint, and modified activities/rest. Report from the provider noted the patient has used this topical compound prescribed from their office previously which did not cause any GI upset. The patient continues with right wrist and forearm pain described as aching and numbness rated at 9/10 without and 3/10 with pain medications, worsened with lifting activities. The pain has remained unchanged since last visit. Exam showed diffuse tenderness over latera and medical epicondyles, over radial and ulnar wrist, over volar hand with positive Tinel's at cubital tunnel, negative Phalen's and Finkelsteins, strength of 4+/5. Medications list Norco, Flector patch, Lidoderm patch, and Omeprazole. Diagnoses included TFCC; numbness; ulnar neuropathy; wrists tendonitis; and RSD of upper extremity. The request(s) for Topical compound cream Bupivacaine 1%, Diclofenac 3%, DMSO 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 grams with 3 refills was non-certified on 10/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream Bupivacaine 1%, Diclofenac 3%, DMSO 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxityline 3% 120 grams with 3 refills: 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:** This 61 year-old patient sustained an injury to the right wrist on 11/1/14 from lifting a trunk of an SUV while employed by [REDACTED]. Request(s) under consideration include Topical compound cream Bupivacaine 1%, Diclofenac 3%, DMSO 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 grams with 3 refills. Treatment has included medications, wrist splint, and modified activities/rest. Report from the provider noted the patient has used this topical compound prescribed from their office previously which did not cause any GI upset. The patient continues with right wrist and forearm pain described as aching and numbness rated at 9/10 without and 3/10 with pain medications, worsened with lifting activities. The pain has remained unchanged since last visit. Exam showed diffuse tenderness over lateral and medial epicondyles, over radial and ulnar wrist, over volar hand with positive Tinel's at cubital tunnel, negative Phalen's and Finkelsteins, strength of 4+/5. Medications list Norco, Flector patch, Lidoderm patch, and Omeprazole. Diagnoses included TFCC; numbness; ulnar neuropathy; wrists tendonitis; and RSD of upper extremity. The request(s) for Topical compound cream Bupivacaine 1%, Diclofenac 3%, DMSO 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 grams with 3 refills was non-certified on 10/22/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this injury without documented functional improvement from treatment already rendered. The Topical compound cream Bupivacaine 1%, Diclofenac 3%, DMSO 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% 120 grams with 3 refills is not medically necessary and appropriate.