

<b>Case Number:</b>	CM14-0171064		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/05/2006
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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, has a subspecialty in Interventional Spine 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 60-year-old male with an injury date of 06/05/2006. Based on the 05/06/2014 progress report, the patient complains of pain in both elbows, left greater than right. This pain increases at night. "He remains symptomatic with neuropathic pain affecting both arms." The patient describes the pain over his elbows as being burning, sharp, lancinating, and electrical in sensation. He rates his pain as a 6/10 with medications and a 9/10 without medications. In regards to the upper extremities, the patient has tenderness over both ulnar grooves with positive Tinel's. Sensory is also decreased along the ulnar nerve. The 08/20/2014 report indicates that the patient has twitching in his left hand. The patient is currently taking Percocet, Amitriptyline, and Trazodone. The patient's diagnoses include the following: 1. Chronic ongoing bilateral carpal tunnel syndrome with episodic severe neuropathic pain. 2. Status post left carpal tunnel release initially in 2007 with revision carpal tunnel release in October 2012 along with left ulnar nerve transposition. The patient has residual pain in the left hand and wrist. 3. Status post right carpal tunnel release surgery in 2006 with recurrent carpal tunnel syndrome and cubital tunnel syndrome on the right. 4. Status post partial left nephrectomy on 02/03/2014. The utilization review determination being challenged is dated 10/15/2014. Treatment reports were provided from 04/09/2014 - 08/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of topical Ketoprofen 15%, Gabapentin 10%, Lidocaine 10% 240gm: 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 analgesic Page(s): 111-113.

**Decision rationale:** According to the 08/20/2014 progress report, the patient complains of having pain in both elbows and remains symptomatic with neuropathic pain affecting both arms. The request is for a trial of topical ketoprofen 15%, gabapentin 10%, lidocaine 10%, 240gm. The report with the request was not provided. According to MTUS Guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS, page 111, states the following, "Non-FDA approved agents ketoprofen agent is not currently FDA approved for topical application. It has an extremely high incidence of photo-contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical ointment can result in blood concentrations and systemic effect comparable to those oral forms, and caution should be used for patients at risk, including those with renal failure." In this case, MTUS does not discuss gabapentin for topical formulation. Lidocaine is only recommended in a patch formulation. The request is not medically necessary.