

<b>Case Number:</b>	CM14-0023328		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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, has a subspecialty in Pain Management 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 is a 49-year-old female with a May 23, 2012 date of injury. She sustained a crush injury to the left hand and underwent a left thumb open reduction and internal fixation. On January 21, 2014, the patient had left wrist pain, loss of sleep due to pain, anxiety, and irritability. Objective exam of the left wrist showed painful range of motion. The diagnostic impression was status post left thumb surgery, left carpal tunnel syndrome, deQuervain's disease, anxiety and insomnia. The treatment to date included medication management, activity modification. A UR decision dated January 28, 2014 denied the request for topical medication because the records do not establish that the patient is intolerant to oral medications or has a history of gastritis. Topical medications are considered largely experimental in use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: FLURBIPROFEN 20%/ TRAMADOL 20% CREAM:** 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): 25, 28, 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the guidelines consider topical analgesics containing Flurbiprofen and Tramadol as being experimental. There is no rationale provided as to why this patient needs this medication when the medical literature has not determined efficacy or safety. Therefore, the request for Compound: Flurbiprofen 20%/Tramadol 20% cream was not medically necessary.