

<b>Case Number:</b>	CM14-0043677		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 58 year old male with an injury date on 08/22/2013. Based on the 01/15/2013 progress report provided by [REDACTED], the diagnoses are radial styloid tenosynovitis (de Quervain's), a crushing injury of the left fingers, arthritis of the MTP joint and arthritis of the wrist. According to this report, the patient complains of constant, moderate to severe sharp, stabbing bilateral wrist pain and muscle spasm. The patient rates the right wrist pain as a 7/10 and the left wrist pain as a 5/10. The pain is aggravated by gripping, grasping, reaching, pulling, and lifting. The patient also complains of weakness, numbness, and tingling of the hand and fingers. The medication does offer the patient temporary relief and improve the ability to have a restful sleep. Tenderness to palpation was noted at the carpal tunnel, the first dorsal extensor muscles compartments, and the interphalangeal joints, bilaterally. Wrist ranges of motion are decreased bilaterally. Tinel's test and Phalen's test are positive on the right and Finkelstein's test is positive on the left. Sensory responses are slightly diminished over the C5, C6, C7, C8 and T1 dermatomes bilaterally. [REDACTED] is requesting compounded Cyclophene 5 percent in PLO Gel 120 gms and compounded Ketoprofen 20 percent in PLO gel 120 gms. There were no other significant findings noted on this report. The utilization review denied the request on 03/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/02/2013 to 12/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Cyclophene 5 percent in PLO Gel 120 gms: Upheld**

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

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

**Decision rationale:** According to the 01/15/2013 report by [REDACTED] this patient presents with of constant, moderate to severe sharp, stabbing bilateral wrist pain and muscle spasm. The physician is requesting Cyclophene 5 percent in PLO gel 120 gm for neuropathic pain and muscle spasms. The UR denial letter states "There is no evidence for use of any other muscle relaxant as a topical product." Regarding topical analgesics, MTUS Guidelines states that it is "largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Therefore the request is not medically necessary.

**Compounded Ketoprofen 20 percent in PLO gel 120 gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** According to the 01/15/2013 report by [REDACTED] this patient presents with of constant, moderate to severe sharp, stabbing bilateral wrist pain and muscle spasm. The physician is requesting compounded Ketoprofen 20 percent in PLO gel 120 gm for inflammation. The MTUS guidelines specifically recommends against the use of topical Ketoprofen stating Ketoprofen is not currently FDA approved for a topical application. Therefore the request is not medically necessary.