

<b>Case Number:</b>	CM14-0097005		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Tennessee. 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 57-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of July 24, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of increased pain and weakness to bilateral hands, right greater than left. Patient also complained of pain in the right thumb. Physical examination revealed tenderness of the right hand. There was positive Phalen's test of the left hand. There was decreased range of motion of the right thumb and decreased grip strength in the bilateral hands, right greater than left. Treatment to date has included medications and topical creams. Utilization review from May 16, 2014 denied the request for Flubiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%-cream and Gabapentin 20%, Dextromethorphan 10%, Amitriptyline 10%-cream because the guidelines do not support their use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flubiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%-cream:** 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 Section Page(s): 111.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Diclofenac is the only topical NSAID that is supported in the California MTUS. The MTUS does not support the use of opioids in a topical formulation. The use of cyclobenzaprine in a topical formulation is not recommended. In this case, the prescribed compound to the patient contained Flurbiprofen, an NSAID which has little to no research supporting it. It also contains tramadol, an opioid, and cyclobenzaprine that are both not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Flubiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%-cream is not medically necessary.

**Gabapentin 20%, Dextromethorphan 10%, Amitriptyline 10%-cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Compound Drugs.

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The guidelines provide no evidence-based recommendations regarding the use of topical Dextromethorphan. The MTUS does not support the use of gabapentin in a topical formulation. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, the compound prescribed to the patient contained Dextromethorphan, gabapentin, and amitriptyline that are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gabapentin 20%, Dextromethorphan 10%, Amitriptyline 10%-cream is not medically necessary.