

<b>Case Number:</b>	CM14-0121988		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 47 y/o Female who had industrial injury on 12/11/12 related to packing shoes. She had obtained xrays, physical therapy, injections, surgery, and medications. Examination on 6/3/14 demonstrated tenderness over left elbow and wrist pain with passive range of motion, decreased grip strength and numbness with positive Phalen's test in the hand. The injured worker is tolerating Vicodin, Naproxen and working full time. A request was made at that time for a topical compound medicine. On 7/16/14 a non certification recommendation was made for a request of the topical compound medicine. The rationale for the denial was due to lack of peer reviewed evidence to support the use of such medicine as a topical compound medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/ Tramadol 20%/ Cyclobenzaprine 4%/ Gabapentin 10%/  
Dextromethorphan 10%/ Amitriptyline 10%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs

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

**Decision rationale:** Regarding the request for Flurbiprofen 20%/ Tramadol 20%/ Cyclobenzaprine 4%/ Gabapentin 10%/ Dextromethorphan 10%/ Amitriptyline 10%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. For neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Tramadol is not supported in topical form. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical dextromethorphan. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Flurbiprofen 20%/ Tramadol 20%/ Cyclobenzaprine 4%/ Gabapentin 10%/ Dextromethorphan 10%/ Amitriptyline 10% is not medically necessary.