

<b>Case Number:</b>	CM14-0189126		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 General Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 52 year old female with date of injury of 3/19/2014. A review of the medical records indicates that the patient is undergoing treatment for crush injury to the right hand. Subjective complaints include swelling and pain in her right hand. Objective findings include MRI showing partial subluxation of the tensor capri ulnaris; exam shows tenderness to TFCC and some ulnar neuropathy with numbness and tingling. Treatment has included Naprosyn, topical gabapentin and ketamine cream. The utilization review dated 11/4/2014 non-certified Compound: KFBCGL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: KFBCGL:** Upheld

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

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

**Decision rationale:** My rationale for why the requested treatment/service is or is not medically necessary: MTUS and ODG recommend usage of topical analgesics as an option, but also further

details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "KFBCGL contains: Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Lidocaine 2%. MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. "Therefore, the request for KFBCGL is not medically necessary.