

<b>Case Number:</b>	CM14-0193265		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 50 year old female with date of injury 5/15/13. The mechanism of injury is stated as cumulative trauma. The patient has complained of right wrist and shoulder pain since the date of injury. She has been treated with physical therapy, steroid injection and medications. MRI of the right wrist dated 06/2014 revealed 1.6 mm avascular necrosis of the lunate bone. MRI of the right shoulder dated 05/2014 revealed acromioclavicular arthritis and supraspinatus, infraspinatus and biceps tendinitis. Objective: Right hand and wrist: positive Finkelstein's test, positive Tinel's sign, positive Phalen's test. Diagnoses: right hand carpal tunnel syndrome, right hand tenosynovitis. Treatment plan and request: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams; Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** This 50 year old female has complained of right wrist and shoulder pain since date of injury 5/15/13. She has been treated with physical therapy, steroid injection and medications. The current request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol2%, Camphor 2% 180 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol2%, Camphor 2% 180 grams is not indicated as medically necessary

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** This 50 year old female has complained of right wrist and shoulder pain since date of injury 5/15/13. She has been treated with physical therapy, steroid injection and medications. The current request is for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 grams is not indicated as medically necessary.