

Case Number:	CM14-0200615		
Date Assigned:	12/10/2014	Date of Injury:	11/03/2011
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, 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 52-year-old female with a date of injury of 11/03/2011. According to progress report dated 10/22/2014, the patient presents with complaints of left hand pain that is rated as 8-9/10. It was noted the patient has bilateral carpal tunnel syndrome. The patient's surgical history includes left shoulder surgery in 2014 and bilateral carpal tunnel release in 2013. The patient's medication regimen includes simvastatin, Lexapro, and Ambien. Physical examination revealed tightness in the cervical paraspinals and decreased range of motion noted. There was no evidence of radiating pain in the upper extremities on cervical motion. Examination of the bilateral wrists revealed tenderness in the volar aspects of the wrist. Wrist range of motion was unrestricted and painless in all planes. There is positive Tinel's sign on the right. The listed diagnoses are: 1. Status post bilateral carpal tunnel release. 2. Status post left shoulder surgery. 3. Repetitive trauma to upper extremities. Recommendation was for patient to continue gripping and grasping exercises, topical compound cream and followup in 4 to 5 weeks for reevaluation. The patient has returned to modified duties on 10/22/2014 with restrictions. The utilization review denied the request for topical cream on 11/10/2014. Treatment reports from 05/22/2014 through 10/22/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream: Ketoprofen powder 20% Baclofen 2% Gabapentin 6% in Lidoderm base
120 gm Qty: 1.00: 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 Creams, Page(s): 111.

Decision rationale: This patient presents with continued complaints of bilateral upper extremity pain. The current request is for topical cream ketoprofen powder 20%, baclofen 2%, gabapentin 6% in Lidoderm base 120 g quantity 1.00. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control 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." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Furthermore, Gabapentin is not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. The request for Topical Compound Medication is not medically necessary.