

<b>Case Number:</b>	CM14-0202069		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Pain Management, 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 34-year old female with date of injury 7/26/12. The treating physician report dated 11/6/14 (149) indicates that the patient presents with pain affecting her bilateral wrist and hands. The physical examination findings reveal weakness to the hands as well as numbness/tingling. Pain reported to be 3-4/10 that can escalate up to a 7 depending on activities. Patient reports residual pain in the wrist and hands with ongoing complex regional pain syndrome (CRPS) to both hands. The patient notes she gets 3rd and 4th finger tightness as well as decreased grip strength on bilateral hands along with triggering of her right ring finger. Prior treatment history includes both left and right carpal tunnel release, stellate ganglion block on the right and steroid injection. The current diagnoses are: -Carpal Tunnel Syndrome-Bilateral Carpal Tunnel S-Pain in Joint HandThe utilization review report dated 11/20/14 denied the request for Pharmacy Purchase of Trial: PC 5001 cream300gm based on MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of trial; PC 5001 cream 300gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section. Page(s): 111-112.

**Decision rationale:** The patient presents with pain affecting her bilateral wrist and hands. The current request is for Pharmacy Purchase of Trial: PC 5001 cream300gm. The treating physician report dated 11/6/14 (149) indicates the physical examination findings of weakness to the hands as well as numbness/tingling. Pain reported to be 3-4/10 that can escalate up to a 7 depending on activities. In this case MTUS Chronic Pain Medical Treatment Guidelines do recommend topical NSAIDs for the treatment of neuropathic pain. However, the current request for Pharmacy Purchase of Trial: PC 5001 cream300gm is not clearly defined by the treating records provided. Thus, there is no way to determine the exact compounds used for this topical analgesic. MTUS states that if at least one compounded product is not recommended then the entire compound is not recommended. The current request is denied based on failure of the treating records provided to clearly document the compounds used in this formulary.