

<b>Case Number:</b>	CM14-0204908		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 and is licensed to practice in New York. 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 40 year old female laboratory technician with a date of injury of 06/15/2011 from cumulative trauma. On 07/10/2001 she had an EMG/NCS that revealed right carpal tunnel syndrome. In 2006 and 2007 she noticed weakness, numbness and tingling of her hands. On 06/12/2011 she had cervical strain and bilateral carpal tunnel release was recommended. On 03/30/2012 she had bilateral carpal tunnel syndrome on EMG/NCS. On 03/06/2014 she had left thumb numbness, neck pain, soreness of her wrists and forearms and she was upset and tearful in the office. Her medication included Zoloft, methocarbimol, Tylenol 3, Temazepam, Aleve, Wellbutrin and Acyclovir. She was seeing a psychologist and a physical therapist. Cervical flexion was slightly decreased. The remainder of the cervical range of motion was normal. Cranial nerves were intact. Motor strength was 5/5. Gait was normal. She was able to toe walk and heel walk. Sensory exam was normal except for the volar aspect of the left thumb. Epworth Sleepiness score was 6 and normal. She had another EMG/NCS and had left and right carpal tunnel syndrome. She had a cervical strain. She was working part time. On 10/27/2014 she had 3/10 neck pain. She had been treated with physical therapy, chiropractic therapy, medication and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaba-Keto-Lido cream 240 gram with 1 refill QTY 2: 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 Page(s): 111-113.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Topical Analgesics on page 111 recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl transdermal system).] Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. It is also noted on page 112 that Gabapentin is not recommended, thus, the entire compound is not recommended. The use of the requested compound medication is not consistent with MTUS guidelines; therefore, this request is not medically necessary.