

<b>Case Number:</b>	CM14-0208461		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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:

This 55 year-old patient sustained an injury on 8/7/12 while employed by [REDACTED]. Request(s) under consideration include Refill: Topical Flurbiprofen, gabapentin, Baclofen, Lidocaine, Cyclobenzaprine ointment and Promolaxin 100mg #100. Diagnoses include recurrent carpal tunnel syndrome s/p bilateral carpal tunnel release. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/11/14 from the provider noted the patient with chronic ongoing bilateral wrist pain associated with numbness, tingling and weakness. Symptoms are aggravated with repetitive movement. Exam showed scars from prior right CTR; positive compression testing, Tinel's and Phalen's with numbness over median nerve of thumb, index, and middle finger; positive bilateral thenar atrophy and abductor pollicis brevis weakness with positive Durkin's and Prayer sign along with tenderness over bilateral medial and lateral epicondyles. The request(s) for Refill: Topical Flurbiprofen, gabapentin, Baclofen, Lidocaine, Cyclobenzaprine ointment and Promolaxin 100mg #100 were non-certified on 11/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill: Flurbiprofen, gabapentin, Baclofen, Lidocain, Cyclobenzaprine ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 46, 68-69, 77, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant, anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic 2012 injury without improved functional outcomes attributable to their use. The Refill: Topical Flurbiprofen, gabapentin, Baclofen, Lidocaine, Cyclobenzaprine ointment is not medically necessary.

**Promolaxin 100mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77 & 88.

**Decision rationale:** Docusate Sodium is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, although it was noted the patient has symptoms of constipation, there was no clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this 2012 injury. The Docusate Sodium 100mg #60 is not medically necessary and appropriate.