

<b>Case Number:</b>	CM15-0009405		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/10/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 61-year-old male who reported injury on 05/10/2014. The mechanism of injury was the injured worker was assisting his wife up off the couch to use the restroom and she fell on him. The documentation of 10/09/2014 revealed the injured worker had subjective complaints of pain in the left wrist, left hand and left foot. The physical examination revealed tenderness to palpation at the left volar wrist and tenderness to palpation of the palmar aspect of the left hand. The diagnoses included rule out left carpal tunnel syndrome, left wrist internal derangement, left carpometacarpal joint, left hand tenosynovitis, and left foot pain. The request was made for capsaicin, Flurbiprofen, gabapentin, menthol, camphor topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Menthol, Camphor, Versapro, Capsaicin, Flurbiprofen and Gabapentin, no dosages and no quantities noted:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS; pgs 111-113, 2010 revision, web edition, Official Disability Guidelines; web edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics; Topical Capsaicin; Salicylates topicals; Topical Gabapentin Page(s): 72; 111; 28; 105; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.versaprocreambase.com/>.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend Topical Salicylates. Topical Gabapentin is not recommended as there is no peer reviewed literature to support its use. Per versaprocreambase.com, "VersaPro", Cream Base is a highly moisturizing cream formulated with excellent penetrating properties". There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The body part to be treated was not provided per the request. There was a lack of documentation of percentages and quantities for the requested medication. The frequency was not provided. Given the above, the request for pharmacy purchase of menthol, camphor, VersaPro, capsaicin, Flurbiprofen and gabapentin, no dosages and no quantities noted, is not medically necessary.