

<b>Case Number:</b>	CM15-0131469		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 39 year old male who sustained an industrial injury on 11/16/2012. He reported injury to his right wrist and left knee when the vehicle he was driving was struck on the passenger side by another vehicle and he hit a tree. The injured worker was diagnosed as having a right wrist fracture. Treatment to date has included radiologic imaging and surgery to repair the right wrist fracture. His left knee pain eventually abated after physical therapy. He had occupational physical therapy after removal of the cast. Currently, the injured worker complains of a constant burning stabbing pain in the dorsal aspect of his right wrist. He reports numbness on the volar-radial aspect of his right wrist. He reports decreased grip strength and denies any numbness or inadvertent dropping of items. The right wrist symptoms are exacerbated by gripping, grasping, twisting, and at the extremes of his range of motion. The symptoms are alleviated with ice and medications. His current treating diagnoses are right wrist sprain/strain, right wrist tenosynovitis, and status post-surgery right wrist. On examination he has slightly diminished dorsiflexion and palmar flexion. Deep tendon reflexes are normal and equal bilaterally at 2/2, and his motor grip strength is 5-of 5. He has tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, and volar wrist. The plan of care is for continuation of oral and topical medications. A request for authorization was made for the following: 1. Topical Compound Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base; 2. Topical Compound Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base:**  
Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: 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. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including 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). (Argoff, 2006) 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 requested medication contains ingredients (hyaluronic acid) which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

**Topical Compound Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: 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. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including 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). (Argoff, 2006) 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 requested medication contains ingredients (gabapentin) which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.