

<b>Case Number:</b>	CM15-0135325		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 64 year old who sustained an industrial injury on 10/02/2012. Mechanism of injury occurred with repetitive motion at work. Diagnoses include carpal tunnel syndrome and left wrist sprain-strain. Treatment to date has included diagnostic studies, medications, physical therapy and a home exercise program. The injured worker is temporarily totally disabled. A physician progress note dated 04/22/2015 documents the injured worker complains of right wrist intermittent moderate pain rated 6 out of 10 which is dull and achy and he has numbness and tingling with cold weather, movement, prolonged grabbing-grasping, prolonged gripping and prolonged squeezing. The left wrist has constant moderate dull, achy, sharp pain and numbness and tingling. Right and left wrist range of motion is in the normal range. The right and left wrist are tender to palpation of the volar wrist and Tinel's causes tingling. Treatment requested is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, quantity: 180gm, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, quantity: 180gm, and Referral to urine analysis testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, quantity: 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-114.

**Decision rationale:** According to the MTUS section on chronic pain 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. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the requested medications contain topical muscle relaxants or gabapentin therefore are not medically necessary.

**Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, quantity: 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-114.

**Decision rationale:** According to the MTUS section on chronic pain 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. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the requested medications contain topical muscle relaxants or gabapentin therefore are not medically necessary.

**Referral to urine analysis testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening For Risk of Addiction (Tests).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse,

addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the provider is concerned about abuse or misuse of medications. The use of urine toxicology is not medically necessary.