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| <b>Case Number:</b>   | CM15-0143972 |                              |            |
| <b>Date Assigned:</b> | 08/05/2015   | <b>Date of Injury:</b>       | 05/15/2014 |
| <b>Decision Date:</b> | 09/22/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old female, who sustained an industrial injury on 5/15/2014. She reported left wrist pain after lifting a box. The injured worker was diagnosed as having left wrist derangement; status post left wrist surgery, left carpal tunnel syndrome. Treatment to date has included medications, electrodiagnostic studies, x-rays, left wrist surgery for ganglion cyst (October 2014), post-operative physical therapy, and bracing. The request is for one container of Gabapentin 15%, Amitriptyline 4%, and Dextromethorphan 10%, 180 grams; and one container of Cyclobenzaprine 2%, and Flurbiprofen 25%, 180 grams. On 2-12-2015, she reported left wrist pain. Tenderness is noted to the wrist. The treatment plan included: continuation of therapy, trial of acupuncture, and follow up as needed for pain medication. She is on modified work duty. On 3-17-2015, an AME report indicated she is working modified duties. She reported intermittent left wrist and hand pain made worse with repetitive motions, and radiation into the left elbow. She indicated her pain improved with pain cream. Her current medications are listed as: pain cream. On 3-24-2015, she had electrodiagnostic studies, which were normal for the upper extremities. On 6-9-2015, reported left wrist pain with limited mobility. Physical findings revealed are: blood pressure 113 over 76, tenderness in the wrist. The treatment plan included: Naprosyn, Prilosec, and Gabapentin 15% and Cyclobenzaprine 2% creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15% Amitriptyline 4% and Dextromethorphan 10% 180 grams, quantity: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** With regard to this request for a topical compounded cream that contains gabapentin as a component, the CPMTG does not recommend topical gabapentin. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical gabapentin component is not recommended, and the entire formulation is not medically necessary.

**Cyclobenzaprine 2% and Flurbiprofen 25% 180 grams, quantity: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This topical compound consists in part of topical Cyclobenzaprine. Regarding the request for topical Flexeril, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical Baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. Given these guidelines, this request is not medically necessary.