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| <b>Case Number:</b>   | CM15-0164382 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 03/31/2003 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 07/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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: New Jersey

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:

This injured worker is a 61 year old female who reported an industrial injury on 3-31-2003. Her diagnoses, and or impression, were noted to include: cervical spine musculoligamentous sprain; right shoulder impingement syndrome; carpal tunnel syndrome; tennis elbow; and shoulder biceps tendinitis. No current imaging studies were noted. Her treatments were noted to include: shoulder surgery (2003); medication management with toxicology studies; and rest from work. The progress notes of 7-10-2015 reported continued severe cervical spine and bilateral wrist pain with increased numbness, with pain, in the left wrist and hand, predominately at night; numbness and tingling in both hands; and radiating pain in both upper extremities. She reported that her pain limited her activities of daily living by 60% and that medications reduced her symptoms by 100%. Objective findings were noted to include tenderness and spasms over the cervical para-vertebral and trapezius musculature, with decreased range-of-motion; tenderness over the biceps tendon and trapezial area in the right shoulder, with decreased range-of-motion; tenderness with severe decreased range-of-motion in the right elbow; tenderness with positive Finkelstein's test and decreased range-of-motion in the bilateral wrists; and decreased sensation in the right hand and ring finger. The physician's requests for treatments were noted to include the continuation of all medications for which the Utilization Review noted for multiple powders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pentoxifyline powder, Mometasone Furoate powder, Gabapentin powder, and Flurbiprofen powder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pp. 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Chronic Pain Guidelines also state that topical use of gabapentin is specifically not recommended due to lack of supportive data for use in chronic pain. In the case of this worker, a combination of topical agents in one preparation including pentoxifyline, mometasone, gabapentin, and flurbiprofen was recommended for this worker to use topically. As this preparation contains a non-recommended medication (gabapentin), the entire preparation will be considered medically unnecessary. Also, according to the notes, there was mention of the medications taken by the worker caused 100% reduction in pain when used, without this medication being listed. Therefore, if this report is correct, it is not clear why this medication was recommended in addition to the oral medications used.