

<b>Case Number:</b>	CM15-0167420		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

This is a 63-year-old female worker who was injured on 10-24-12. The medical records reviewed indicated the injured worker (IW) was treated for status post bilateral carpal tunnel release surgery. The most recent progress note (6-25-15) showed the IW had intermittent pain in the bilateral wrists, worse on the right, rated 5 out of 10. The pain was described as tightness, weakness and aching. She indicated the pain was improving, but was worse with lifting, grasping and gripping. The pain was worse at night and interrupted her sleep, but medication helped her sleep five hours per night. The IW was temporarily totally disabled. On physical examination (6-25-15 record) there was tenderness at the wrists and elbows. Phalen's test, Tinel's sign and Finkelstein's test were positive at the right wrist. There was some decrease in bilateral wrist range of motion in flexion: 40 degrees bilaterally; in extension: 40 degrees right and 45 degrees left; and in pronation and supination: 70 degrees, right. The progress notes (2-19-15) indicated the IW's condition and level of function was unchanged. Treatments have included medication (Ibuprofen, TG Ice); bilateral carpal tunnel release (5-30-13, left and 5-9-14, right); postoperative physical therapy; and acupuncture. A Request for Authorization on 6-25-15 asked for Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%; apply 2-3 times daily. The Utilization Review on 7-24-15 denied the request for Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%; apply 2-3 times daily because Gabapentin is not recommended as a topical agent, therefore the compounded product is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, apply 2-3 times a day:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Topical Analgesics.

**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, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.