

<b>Case Number:</b>	CM15-0195140		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Emergency 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:

This is a 57-year-old female with a date of industrial injury 7-9-2012. The medical records indicated the injured worker (IW) was treated for possible recurrence status post right first dorsal compartment release and early right thumb carpometacarpal joint degenerative joint disease. In the progress notes (9-1-15), the IW reported NSAIDs did not help her pain. She complained of pain in the radial side of the right wrist with mostly sensitivity and mild occasional ulnar-sided pain. She stopped using the ergonomic mouse due to increased pain in the thumb. On examination (9-1-15 notes), the incision at the radial styloid was healed. Finkelstein's test was mildly positive on the right. There was no obvious volar ganglion cyst at the interval between the radial artery and the flexor carpi radialis tendon and no tenderness was present. There was moderate tenderness at the right thumb carpometacarpal (CMC) joint with negative grind test. Shoulder sign was negative and there was no metacarpophalangeal (MCP) joint tenderness noted. There was no evidence of hyperextension at the MCP joint. Shoulder sign was positive at the right thumb CMC. Treatments included multiple cortisone injections in the first dorsal compartment tendon sheath, surgery (2013) and bracing. X-rays of the right thumb on 5-19-15 showed a small osteophyte radially and some small calcifications at the trapeziometacarpal joint, laterally. MRI of the right wrist on 7-28-15 showed tendinosis and peritendinitis of the extensor digitorum tendons of the second and third compartments. Topical Diclofenac cream with anesthetic agents was recommended for the hypersensitivity in the right wrist. The IW was working without restrictions. A Request for Authorization was received for one compound medication (Gabapentin 6%, Diclofenac 3%, Cyclobenzaprine 2%, Baclofen 2% and

Bupivacaine 1%). The Utilization Review on 9-23-15 non-certified the request for one compound medication (Gabapentin 6%, Diclofenac 3%, Cyclobenzaprine 2%, Baclofen 2% and Bupivacaine 1%).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One compound medication (Gabapentin 6%, Diclofenac 3%, Cyclobenzaprine 2%, Baclofen 2%, Bupivacaine 1%): Upheld**

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

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

**Decision rationale:** As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 2) Diclofenac: Topical NSAIDs may be beneficial in muscular skeletal pain. There are FDA approved diclofenac available. Compounding is not indicated. Not medically necessary. 3) Cyclobenzaprine: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 4) Baclofen: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 5) Bupivacaine: Only approved for intradermal injection. Only FDA approved topical anesthetic is lidoderm/lidocaine. Not medically necessary. Not a single component of this compounded substance with unknown safety or efficacy is recommended. Therefore, the request is not medically necessary.