

<b>Case Number:</b>	CM15-0195946		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/28/2015
<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: Massachusetts

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 40 year old male with an industrial injury date of 11-01-2013. Medical record review indicated he was post-op tenosynovectomy. He presented on 09-02-2015 for follow up of tenosynovectomy. The injured worker reported his pain was "significantly improved" since pre-op status. Objective findings included "well appearing" wounds without evidence of infections. "He is neuro-vascularly intact." Prior treatment included cortisone injections and trigger finger release and physical therapy. On 09-28-2015 the request for the following treatments was denied by utilization review: Retrospective compound medication: Gabapentin #3 (DOS 9/2/15); Retrospective compound medication: Flurbiprofen #6 (DOS 9/2/15); Retrospective compound medication: Cyclobenzaprine #3 (DOS 9/2/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective compound medication: Flurbiprofen #6 (DOS 9/2/15): 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:** The claimant sustained a work injury in November 2013 while working as a mechanic. He underwent a right third finger trigger finger release but had persistent pain and stiffness. He was seen by the requesting provider on 07/15/15. He had a flexion contracture and tenderness. Revision surgery with neurolysis was recommended and was done on 08/24/15. In follow-up, there were expected postoperative findings. His pain had significantly improved since surgery. Tramadol and topical compounded cream was prescribed. Continued physical therapy was recommended. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. This medication is not medically necessary.

**Retrospective compound medication: Gabapentin #3 (DOS 9/2/15): 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:** The claimant sustained a work injury in November 2013 while working as a mechanic. He underwent a right third finger trigger finger release but had persistent pain and stiffness. He was seen by the requesting provider on 07/15/15. He had a flexion contracture and tenderness. Revision surgery with neurolysis was recommended and was done on 08/24/15. In follow-up, there were expected postoperative findings. His pain had significantly improved since surgery. Tramadol and topical compounded cream was prescribed. Continued physical therapy was recommended. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

**Retrospective compound medication: Cyclobenzaprine #3 (DOS 9/2/15): 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:** The claimant sustained a work injury in November 2013 while working as a mechanic. He underwent a right third finger trigger finger release but had persistent pain and stiffness. He was seen by the requesting provider on 07/15/15. He had a flexion contracture and tenderness. Revision surgery with neurolysis was recommended and was done on 08/24/15. In follow-up, there were expected postoperative findings. His pain had significantly improved since surgery. Tramadol and topical compounded cream was prescribed. Continued physical therapy was recommended. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. It is not recommended for use in a topical medication. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.