

<b>Case Number:</b>	CM15-0029610		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/09/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

### 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 41 year old female, who sustained an industrial injury on 11/9/14. On 2/17/15, the injured worker submitted an application for IMR for review of Diclofenac 3%/ Baclofen 2%/ Bupivacaine 1%/ Gabapentin 8%/ Ibuprofen 3% Pentoxifyline 3%/ Versatile Cre Base/Dimethyl Sol Sulfoxid/Ethoxy Liq Digycol/ Propylene GL SOL. The treating provider has reported the injured worker complained of left wrist ulnar side pain. The diagnoses have included bursitis, tendonitis left wrist Treatment to date has included MRI left upper extremity (11/26/14), thumb spica cast, left wrist splint, and cortisone injection. On 2/5/15 Utilization Review non-certified Diclofenac 3%/ Baclofen 2%/ Bupivacaine 1%/ Gabapentin 8%/ Ibuprofen 3% Pentoxifyline 3%/ Versatile Cre Base/Dimethyl Sol Sulfoxid/Ethoxy Liq Digycol/ Propylene GL SOL. The MTUS and ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3%/ Baclofen 2%/ Bupivacaine 1%/ Gabapentin 8%/ Ibuprofen 3%  
Pentoxifyline 3%/ Versatile Cre Base/Dimethyl Sol Sulfoxid/Ethoxy Liq Digycol/ Propylene  
GL SOL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain, Topical Analgesics.

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

**Decision rationale:** According to the 01/25/2015 report, this patient presents with "pain ulnar side left wrist." The current request is for Diclofenac 3%/ Baclofen 2%/ Bupivacaine 1%/ Gabapentin 8%/ Ibuprofen 3% Pentoxifyline 3%/ Versatile Cre Base/Dimethyl Sol Sulfoxid/ Ethoxy Liq Digycol/ Propylene GL SOL. The request for authorization is on 01/29/2015. The patient's work status is to "return to full duty on 01/29/2015." Regarding topical compounds, MTUS states that "if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." In this case, MTUS does not support gabapentin as a topical product. The current request IS NOT medically necessary.