

<b>Case Number:</b>	CM15-0033047		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 19 year old male, who sustained an industrial injury on June 18, 2014. He has reported his left finger was smashed between a metal piece and the table. The diagnoses have included left index finger crush injury, status post left index finger tendon repair, and status post laceration of the left index finger. Treatment to date has included hand surgery, physical therapy, and medications. Currently, the injured worker complains of constant left second digit pain, with numbness, tingling, sharp, pulsating, and achy sensation. The Primary Treating Physician's report dated January 27, 2015, noted the left hand with a well healed surgical scar of the left index finger from the palmer aspect of the MCP to the DIP, with tenderness to palpation of the entire left index finger. On February 19, 2015, Utilization Review non-certified Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm, noting that there was no documentation that the injured worker had not responded to or was intolerant to other treatments, no documentation of osteoarthritis and tendinitis, and that Gabapentin was not supported by guidelines for topical use. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** The patient presents with pain and weakness in his left hand. The request is for CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 12%, CAMPHOR 2%, 180GM. MTUS guidelines do not recommend Gabapentin as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical gabapentin, the request IS NOT medically necessary.