

<b>Case Number:</b>	CM15-0053568		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 45-year-old, male who sustained a work related injury on 7/16/13. The diagnoses have included right wrist strain/sprain, right upper extremity neuropathy, right wrist degeneration of the triangular fibrocartilage, right wrist tenosynovitis and right wrist ganglion cyst. Treatments have included medications, physical therapy, chiropractic treatments, acupuncture and home exercises. In the PR-2 dated 2/16/15, the injured worker complains of constant, persistent right wrist pain. He rates the pain a 6/10. The pain radiates to his right elbow. He has numbness and tingling in his right hand. He states the pain is well controlled on medications. The treatment plan is prescriptions for transdermal compounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Versapro/Flurbiprofen/Cyclobenzaprine 30 day supply QTY: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** In this case, the injury is approaching two years ago. It is not clear why oral medicine would not be sufficient, in lieu of topical compounds with unproven efficacy. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

**Compound Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor 30 day supply #180:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

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