

<b>Case Number:</b>	CM15-0086547		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Anesthesiology, 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 22-year-old female, with a reported date of injury of 12/23/2012. The diagnoses include post surgical right wrist radial styloid tenosynectomy. Treatments to date have included an x-ray of the left wrist, an x-ray of the right hand, oral medications, and electro diagnostic studies of the bilateral upper extremities, which was within normal limits, an MRI of the right wrist, which showed mild hypertrophic changes, and topical pain medications. The progress report dated 03/24/2015 indicates that the injured worker experienced frequent, severe right hand/wrist pain that increased with everyday living activities. The injured worker expressed frustration with the pain. The objective findings include limited, painful range of motion and positive orthopedic evaluation to the right wrist. The treating physician requested GAC 30 grams (Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.025%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GAC 30gm (Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.025%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topicals  
Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and are not medically necessary.