

<b>Case Number:</b>	CM15-0087138		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 23 year old female, who sustained an industrial injury on 1/06/2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right wrist pain, enthesopathy of wrist and carpus, and arthropathy of the hand. Treatments to date include cyclobenzaprine, topical compound cream, and rest. Currently, she complained of ongoing constant right wrist pain radiating to right shoulder, right elbow, and was rated 8/10 VAS. There was right thumb pain rated 5/10 VAS. Relief was reported with rest and medication. On 3/11/15, the physical examination documented painful and reduced range of motion, with tenderness noted to the palmar aspect of the right hand. The plan of care included a topical compound cream (Gabapentin 10%/Amitriptyline 10%/ Bupivacaine 5%/ Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone 2%, quantity 180 grams, a thirty-day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, 180 gram 30 day supply: Upheld**

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain in this case. Therefore, the request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, 180-gram cream is not medically necessary.