

<b>Case Number:</b>	CM14-0120890		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of August 27, 2013. A utilization review determination dated July 15, 2014 recommends non-certification for a compound topical medication. A Progress report dated June 12, 2014 identifies subjective complaints of pain and discomfort involving the wrists, hands, and elbow. Objective examination findings reveal tenderness to palpation of the wrist, elbow, and forearm with positive Tinel's and Phalen's test. The current diagnoses include repetitive strain injury, bilateral wrist tendinitis, bilateral forearm myofascial pain syndrome, and bilateral carpal tunnel syndrome. The treatment plan recommends Ketoprofen which the patient reports is beneficial for her pain and comfort. Additionally, acupuncture as recommended. A progress report dated March 14, 2014 recommends continuing Ibuprofen and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Ketoprofen 10% Cyclobenzaprine, 3% Capsaicin 0.0375 Menthol, 2% Camphor, 1% in UL 120gm, Gabapentin/Ketoprofen/Lidocaine 7/10/5% in UL 120gm:**  
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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Regarding the retrospective request for Ketoprofen 10% Cyclobenzaprine, 3% Capsaicin 0.0375 Menthol, 2% Camphor, 1% in UL 120gm, Gabapentin/Ketoprofen/Lidocaine 7/10/5% in UL 120gm, California MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical Lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants drugs are not supported by the California MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented, and guidelines do not support some of the medications in the compound. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the retrospective request for Ketoprofen 10% Cyclobenzaprine, 3% Capsaicin 0.0375 Menthol, 2% Camphor, 1% in UL 120gm, Gabapentin/Ketoprofen/Lidocaine 7/10/5% in UL 120gm is not medically necessary.