

<b>Case Number:</b>	CM14-0143353		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 57-year-old female who has submitted a claim for left carpal tunnel syndrome, associated with an industrial injury date of 10/13/12. Medical records from November 2013 to August 2014 were reviewed. Patient complained of bilateral hand pain and numbness. She stated that she had an incident when her left wrist was compressed after holding up a patient. She developed pain in the left wrist after the incident. She continued to work after and had difficulty of pushing wheel chairs at work because her left hand continued to become painful at the palmar aspect. She also complained of numbness, aggravated when opposing fourth and fifth digits on her right hand. The patient took over the counter NSAIDs, however, she was unable to tolerate it because of severe gastrointestinal upset. She underwent left carpal tunnel release on February 11, 2014. She had post-op hand therapy for 6 weeks. Physical examination revealed Tinel's sign and Phalen's sign on the right. There was also difficulty in opposition between the first and fifth digit of the right hand. Motor strength was 5/5 with grip. There were no complaints of pain on her left hand. Treatment to date has included occupational therapy, home treatment, and naproxen. Utilization review from 08/13/14 denied the request for Compounded Medical Cream (Diclofenac e, baclofen 2, bupivacaine 1, DMSO 4, gabapentin 6, ibuprofen 3, and pentoxifylline 3) as guidelines provided limited support for compounded medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical cream:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents and includes NSAIDS, opioids, capsaicin, local anesthetics, antidepressants, anti-epileptics, muscle relaxants, glutamate receptor agonists, alpha adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonist, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor in topical compound formulations. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is also note that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regard to the topical NSAIDs, the MTUS explains the efficacy in clinical trials for this treatment modality has been inconsistent. Furthermore, the clinical data submitted in this case failed to provide information that the patient tried and failed anticonvulsants and antidepressants. The present request as submitted also failed to specify the topical compound. Therefore, the request for the Compounded topical Cream is not medical necessary.