

<b>Case Number:</b>	CM14-0159621		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

The injured worker is a 56-year-old male who sustained an injury on September 19, 2006. He is diagnosed with (a) status post carpal tunnel release, nonindustrial; (b) right hand soft tissue fullness dorsal aspect, nonindustrial; (c) status post left carpal tunnel release, nonindustrial, status post cortisone injection dated August 29, 2013; (d) status post left wrist closed fracture; (e) status post left wrist fracture percutaneous fixation dated October 25, 2006; (f) left wrist chronic pain; (g) left thumb, index, and long fingers; (h) status post left wrist arthroscopy and debridement dated March 21, 2007; (i) status post left wrist four-portal arthroscopy, debridement, and synovectomy dated March 18, 2008; (j) status post left wrist lunate and pin excision, Darrach procedure, extensor tenosynovectomy, second, third, and fourth dorsal compartment; (k) status post left distal ulna sling extensor carpi ulnaris/flexor carpi ulnaris slips, neurolysis, excision, proximal burying dorsal sensory branch ulnar nerve; and (l) status post left dorsal hand ulnar side, status post cortisone injection dated June 12, 2013. He was seen for an evaluation on August 1, 2014. He presented with complaints of left wrist pain; numbness and burning sensations on the left long, ring, and little fingers; itchiness of the left palm; pain and clicking of the left forearm; muscle spasms of the left forearm; heaviness of the left hand; cramping of all the fingers of the left hand; and continued headaches. Examination of the left upper extremity revealed positive median nerve compression test and Tinel's sign. Decreased sensation to light touch was noted at the ulnar greater than median nerve distribution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen powder 30 gm/Lidocaine powder 18.45 gm/PCCA Lidoderm 101.55 gm transdermal cream 150 grams, provided on May 13, 2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Guidelines stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While the requested medication contains lidocaine, which is recommended for topical use, it also contains ketoprofen, which is currently not Food and Drug Administration approved for topical application. The request for ketoprofen powder 30 g/lidocaine powder 18.45 g/PCCA Lipoderm 101.55 g transdermal cream, 150 g is not medically necessary at this time.

**Cyclobenzaprine 12 gm/Gabapentin powder 12 gm/PCCA Lipoderm 98 gm transdermal cream, 120 grams, provided on August 1, 2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Guidelines stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines provided no mention of topical cyclobenzaprine; whereas, gabapentin is not recommended for topical use. The request for cyclobenzaprine 12 g/gabapentin powder 12 g/PCCA Lipoderm 98 g transdermal cream, 120 g is not medically necessary at this time.