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| <b>Case Number:</b>   | CM14-0184627 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 11/05/2012 |
| <b>Decision Date:</b> | 12/18/2014   | <b>UR Denial Date:</b>       | 10/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2014 |

### 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 and is licensed to practice in Tennessee, North Carolina and Georgia. 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 50-year-old female who reported an injury on 11/05/2012. She sustained a cumulative trauma injury that was work related to the upper body extremity while performing her job duties that included typing and filing all day. The injured worker had a diagnosis of upper limb complex regional pain syndrome. The diagnoses included neuritis, hand pain, and complex regional pain syndrome. Diagnostics included an MRI of the right hand dated 01/18/2018 that revealed mild osteoarthritis which increased slightly since prior examination. Past surgeries included a right carpal tunnel release dated 04/10/2013. The physical examination of the right wrist dated 06/23/2014 revealed range of motion of the left hand with flexion 5/5 and extension 5/5. Hand grip was 5/5, the AP muscle 5/5. Right hand revealed a hand grip of 5/5, APB muscle 5/5. Sensation was decreased over the medial nerve distribution on the right. The Phalen's test was abnormal, Allen's test normal, and Tinel's was abnormal. Medications included tramadol 50 mg and gabapentin. The Request for Authorization dated 11/12/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound ointment (Keta, Keto, Neurontin) apply to the right hand and wrist three times to four times a day:** Upheld

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

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

**Decision rationale:** The request for compound ointment (keta, keto, Neurontin compound) apply to the right hand and were 3 to 4 times a day is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. The guidelines do not recommend any compound product that contains at least 1 drug that is not recommended. Gabapentin is not recommended. Therefore, the request for the compound ointment is not medically necessary.