

<b>Case Number:</b>	CM14-0186282		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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 patient sustained a repetitive trauma injury to the right hand from chopping vegetables on 5/20/09 while employed by [REDACTED]. Request(s) under consideration include Topical Compound cream (Gabapentin 10%; Lidocaine 10%). Diagnoses include digital nerve neuroma; s/p (status post) Right thumb microscopic lysis of radial nerve adhesions on 7/8/14 with post-op OT. Report of 9/24/14 from the provider noted the patient was 2-1/2 month's s/p procedure. Exam noted wound is closed with minimal swelling of right thumb; positive Tinel's sign; tenderness along radial digital nerve; no pain with abduction/adduction movements of the thumb; no exacerbation of pain on resistance of thumb flexion at MCP (Metacarpophalangeal) and IP (Interphalangeal) joints. Thumb X-rays showed element of arthritis at sesamoid and thumb metacarpal condyle with spur on inferior surface. Treatment included occupational therapy and topical cream. The request(s) for Topical Compound cream (Gabapentin 10%; Lidocaine 10%) was non-certified on 9/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream (Gabapentin 10%, Lidocaine 10%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The Topical Compound cream (Gabapentin 10%; Lidocaine 10%) is not medically necessary and appropriate.