

<b>Case Number:</b>	CM14-0084989		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain, thumb pain, wrist pain, arm pain, and shoulder pain reportedly associated with an industrial injury of January 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounded drugs; and an earlier trigger finger release surgery. In a Utilization Review Report dated May 13, 2014, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. In a March 11, 2013 progress note, the applicant reported persistent complaints of wrist and hand pain, exacerbated by gripping and grasping. MRI imagings of the wrist and hand are reportedly unremarkable. The applicant was given diagnosis of de Quervain's tenosynovitis, wrist sprain, and wrist tenosynovitis. The applicant was asked to pursue additional physical therapy and obtain an orthopedic consultation. The applicant was placed off of work, on total temporary disability. In a separate medical progress note of April 20, 2014, the applicant was given several topical compounded medications, Cyclobenzaprine, Norco, Glucosamine, Naproxen, Prilosec, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded topical medication, Amitriptyline 10%/Dexamethorphan 10%/Gabapentin 10% in Mediderm base, QTY: 210gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 04/10/14) Compounded Drugs

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, one of the primary ingredients in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Compounded topical medication, Flurbiprofen 20%/Tramadol 20% in Mediderm base, QTY: 210 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 04/10/14) Compounded Drugs

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including naproxen, Flexeril, Norco, etc., effectively obviates the need for the largely experimental topical compounded drug at issue. Therefore, the request is not medically necessary.