

<b>Case Number:</b>	CM14-0216807		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female sustained an injury on January 6, 2013. The injured worker was pushing a dessert cart when she felt sudden, sharp pain in the neck and shoulders. Past treatment included acupuncture and medications for pain and anti-anxiety. She had a trigger finger release in the past. On November 11, 2014, the secondary treating physician noted moderate left arm pain with numbness. The physical exam revealed decreased range of motion with pain of the cervical spine and bilateral shoulders. There was mild neck tenderness on flexion and extension. Diagnosis was status post right hand/thumb surgery with residuals. The physician recommended compound creams, pain and anti-anxiety medications. On November 11, 2014, the primary treating physician noted constant, moderate, dull aching of the right wrist/hand radiating to the hand with numbness and tingling. The pain was aggravated by grabbing, grasping and gripping. Hand and thumb pain increased with activities of daily living. The physical exam revealed right hand swelling and decreased, painful range of motion. The right hand Jamar Grip Strength of the right hand was 18, 16, 14 Kg and the left hand was 24, 22, 20 Kg. There was right wrist swelling, decreased and painful range of motion, tenderness to palpation of the dorsal wrist, and thenar muscle spasm. Pain was caused by the Finkelstein's and Reverse Phalen's. Diagnoses were right DeQuervain's disease, right wrist sprain/strain, and right wrist tenosynovitis. The physician recommended additional acupuncture and a request for TENS (transcutaneous electrical nerve stimulation) unit/home kit to control right wrist pain at home. Current work status is temporarily totally disabled. On December 1, 2014, Utilization Review non-certified a retrospective prescription of Flurbiprofen 20 % Tramadol 20% in mediderm base 210 gm 30 day supply, a

retrospective prescription of Amitriptyline 10% Dexamethasone 10% Gabapentin 10% in mediderm base 210 gm, and a retrospective prescription of Hydrocodone/APAP 10/325mg #30 requested on November 17, 2014. The Flurbiprofen 20 % Tramadol 20% in mediderm base Amitriptyline 10% Dexamethasone 10% Gabapentin 10% in mediderm base, and Hydrocodone/APAP was non-certified based on the lack of documentation of significant change in the VAS (visual analogue scale) score or functional improvement noted with the continued use of the requested medications. Topical agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed. There was no evidence to support the use of topical Gabapentin. As efficacy is not established, the request is not consistent with the guidelines. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines: Opioids, specific drug list; On-Going Management, Weaning of Medications, and Topical Analgesics and the Official Disability Guidelines (ODG), Pain: Compound Drugs were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Flurbiprofen 20%, Tramadol 20%, in mediderm base 210gm, 30 day supply:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The patient presents with left arm soreness and pain rated 7/10 and moderate right wrist pain s/p right hand/thumb surgery (date not specified). The current request is for Retrospective Flurbiprofen 20%, Tramadol 20%, in mediderm base 210gm, 30 day supply. The RFA is not included. The 12/0/14 utilization review cites numerous RFAs dated from 09/05/14 to 11/11/14 and states the request was received 11/17/14. The 11/11/14 report states the patient is to remain off work until 12/26/14. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The 11/05/14 report states this medication is to decrease pain and inflammation. However, the requested topical cream contains Tramadol which is an opioid. For ongoing opioid usage the MTUS guidelines require documentation of the 4 As (Analgesia, ADLs, adverse side effects and aberrant behavior). There is no documentation of functional improvement with this topical analgesic and the required documentation for opioid usage is not found in the records provided. Therefore, the request is not recommended by MTUS and is not medically necessary.

**Retrospective Amitriptyline 10%, Dexamethasone 10%, Gabapentin 10%, in mediderm bae 210gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 113.

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

**Decision rationale:** The patient presents with left arm soreness and pain rated 7/10 and moderate right wrist pain s/p right hand/thumb surgery (date not specified). The current request is for retrospective Amitriptyline 10%, Dexamethasone 10%, Gabapentin 10%, in mediderm bae 210gms. The RFA is not included. The 12/0/14 utilization review cites numerous RFAs dated from 09/05/14 to 11/11/14 and states the request was received 11/17/14. The 11/11/14 report states the patient is to remain off work until 12/26/14. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The 11/05/14 report states this medication is to decrease pain and inflammation. However, The MTUS specifically states that Gabapentin is not recommended under the Topical Cream section. Therefore, the requested topical cream is not recommended and is not medically necessary.

**Retrospective Hydrocodone/APAP 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with left arm soreness and pain rated 7/10 and moderate right wrist pain s/p right hand/thumb surgery (date not specified). The current request is for retrospective Hydrocodone/APAP 10/325mg #30 (an opioid). The RFA is not included. The 12/0/14 utilization review cites numerous RFAs dated from 09/05/14 to 11/11/14 and states the request was received 11/17/14. The 11/11/14 report states the patient is to remain off work until 12/26/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since before 09/05/14. A UDS was requested 06/13/14 which suggests opioid use. Reports do not show routine use of pain scales. The 11/05/14 report states pain is 7/10; however, it is not stated if this is with or without medications. A 10/14/14 Pain evaluation report and a 06/24/14 pain questionnaire are included, but this information does not show the benefit medication(s) provide. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not fully documented. Reports show that 4 UDSs are requested from 06/13/14 to 11/05/14 in order to monitor the patient's medication. However, no results are discussed and no Urine toxicology reports are

included for review. There is no discussion of adverse side effects or adverse behavior. Furthermore, no outcome measures are provided. The 4As have not been documented as required by MTUS. The request is not medically necessary.