

<b>Case Number:</b>	CM15-0015197		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 35 year old female patient, who sustained an industrial injury on 06/28/2007. A primary treating office visit dated 12/29/2014 reported the patient's prior diagnostic history as 06/22/2009 MRI Arthrogram revealed a high grade partial tear radioscaphocapitate ligament and low grade partial thickness tear of the dorsal radiocarpal ligament; minimal extensor carpal ulnaris tendinosis. On 06/25/2010 MRI left wrist revealed dorsal ganglion just distal to the dorsal intercarpal ligament, mild extensor carpi ulnaris tendinopathy and minimal tenosynovitis of the extensor carpal radialis tendon. On 09/12/2011 MRI left wrist showed tear of the deep margin of the peripheral attachment of the triangular fibrocartilage. She is currently disabled from working due to the left hand weakness and pain. Physical examination showed left upper extremity with slight tenderness to palpation over distal wrist and slight decrease in range of motion with flexion and extension. She is currently prescribed Ibuprofen 800 mg and Omeprazole. The impression found ganglion cyst left wrist, wrist pain, second degree burn wrist, third degree burn wrist, history of skin graft and depression/anxiety. A request was made asking for Ibuprofen 800 Mg and a topical compound cream. On 01/13/2015 Utilization Review non-certified the request, noting the CA MTUS Guidelines, Topical Analgesia and NSAIDS were cited. The injured worker submitted an application for independent medical review on 01/27/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream: Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSO 4%, Gabapentin 6%. Orphenadrine 5% and Pentoxifylline 3% 120gm with 3 refills:**  
Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that topical analgesics, especially combination compounded products, are largely experimental in use with few randomized-controlled trials to determine efficacy or safety. A number of medications are not recommended for topical use due to the lack of supportive evidence for general use in chronic pain, including all muscle relaxants, gabapentin, and other anti-epilepsy drugs. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case of this worker, she was recommended a topical combination/compounded medication product which included three muscle relaxants (cyclobenzaprine, baclofen, and orphenadrine), and gabapentin. Therefore, due to the product having multiple non-recommended ingredients, the entire topical analgesic product will be considered medically unnecessary.

**Ibuprofen 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she had used ibuprofen at high doses for many months at least leading up to this request for renewal. Although she reported some relief of her moderate wrist pain, there was insufficient evidence to suggest other medications such as acetaminophen were tried (or any other medications more appropriate for chronic use). Since the high doses of NSAIDs carries with it significant long-term risks if continued, it is of the opinion of the reviewer that the ibuprofen 800 mg #90 not be renewed as it is not medically necessary or appropriate to continue on a regular basis considering her diagnoses and severity of pain.

