

<b>Case Number:</b>	CM15-0110546		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Arizona, California

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 57 year old female, who sustained an industrial injury on 6/26/2010. The mechanism of injury documented as repetitive motion. The injured worker was diagnosed as having a right carpal tunnel release, right lateral epicondylitis, right ulnar nerve cubital tunnel neuritis, right fourth and fifth finger tendinitis and right chronic wrist pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, injections, therapy and medication management. In a progress note dated 3/19/2015, the injured worker complains of increased right hand and palm pain with finger cramping and numbness of both hands and left thumb pain. The treating physician is requesting Cyclobenzaprine/Gabapentin transdermal cream (retrospective DOS 3/24/15) and Flurbiprofen transdermal cream (retrospective DOS 3/24/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Gabapentin transdermal cream (retrospective DOS 3/24/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound medications; Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine well as topical Gabapentin are not recommended due to lack of evidence. In addition, the claimant had been on oral analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.

**Flurbiprofen transdermal cream (retrospective DOS 3/24/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound medications; Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Flurbiprofen contains topical methyl salicylate (NSAID). According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Flurbiprofen beyond 1 month in combination with other topical analgesics exceeds the trial period recommended above. In addition, the claimant had been on oral analgesics in conjunction. Therefore, the continued use of Flurbiprofen is not medically necessary.