

<b>Case Number:</b>	CM15-0114386		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 59 year old female who sustained a work related injury September 13, 2011. Past history included hypothyroidism, fibrocystic breasts, and recurrent yeast infections. An MRI arthrogram, right wrist, dated October 10, 2014, revealed triangular fibrocartilage complex, scapholunate and lunotriquetral ligament tears. Past history included right wrist arthroscopy with minor synovectomy along the ulnar compartment, debridement of tears, pinning, and a short arm splint, December 19, 2014. According to a consulting physician's progress report, dated April 14, 2015, the injured worker reports her wrist is slightly better although not completely normal. Handwritten notes are difficult to decipher. Diagnosis right wrist strain. Treatment plan is documented as needing additional physical therapy, right wrist brace, and at issue, a request for authorization for CP GAB/Tram/Cyclo cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CP GAB 10% + Tram 10% + Cyclo 6% Cream, Apply 3 gram 1 times a day #360gms:**  
Upheld

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

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

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing a medication in the anti-seizure, muscle relaxant, and opioid classes. The MTUS Guidelines do not recommend topical gabapentin or muscle relaxants because the literature is not sufficient to support their use. The Guidelines are silent as to the use of topical opioids, and the literature does not support their use. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 360g of "CP" cream containing 10% gabapentin, 6% Cyclobenzaprine, and 10% Tramadol to be applied as 3g once a daily is not medically necessary.