

<b>Case Number:</b>	CM15-0118813		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 11/21/12. The injured worker was diagnosed as having posttraumatic De Quervain's tenosynovitis, posttraumatic Dupuytren contracture, status post right wrist open reduction internal fixation and status post right wrist fracture with hardware removal. Treatment to date has included physical therapy and medication. A physician's report dated 4/23/15 noted a successful trial of topical NSAIDs with improved tolerance to activity and decreased pain. Currently, the injured worker complains of right hand pain. The treating physician requested authorization for Ketoprofen 10%/Gabapentin 6%/Bupivacaine HCL 5%/Baclofen 2%/Cyclobenzaprine HCL 2%/Clonidine HCL 0.2%, Sodium Hyaluronate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate: 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 Section Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. As at least one of the medications in this request for compounded medication is not recommended by the established guidelines, the request for compound medication: Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate.