

<b>Case Number:</b>	CM15-0119357		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/27/2015
<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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 50 year old female who sustained an industrial injury on 9/7/11. She had complaints of lower and mid back pain and right wrist pain. Treatments to date include medications, chiropractic care, physical therapy, electrical stimulation, ice, back brace, wrist brace, cortisone injections and bilateral wrist surgery. Orthopedic evaluation report dated 4/27/15 reports complaints of pain in her bilateral wrists, left forearm, elbow and shoulder, cervical, mid and lumbar spine. Right wrist pain is intermittent rated 8/10 and radiates to her thumb with stinging, burning pain that swells up and turns red occasionally. Left wrist pain is rated 9-10/10. Her thumb and wrist are numb and she has a big red lump that swells at the incision site. Left forearm pain radiates from her wrist up her arm with swelling. Left elbow pain is constant and sore with popping, rated 7.5/10. Left shoulder pain radiates from her wrist up her arm, rated 8/10. Cervical pain radiates from her left wrist up her arm to the mid back and neck, rated 8/10. Mid back pain is constant, rated 8/10. Lumbar back pain radiates down both legs, right hip and leg to her foot with numbness and tingling in her foot. Diagnoses include right de Quervain tenosynovitis status post op de Quervain release, left hand de Quervain tenosynovitis status post with radial nerve neuroma, cervical compensatory spasm and left sided shoulder pain with left elbow pain due to altered motion of the left arm and lumbar spine spasm. Plan of care includes: recommend left de Quervain wrist brace, due to severe and worsening symptoms of left wrist and hand, treatment should be focused on pain management with medications, creams

and desensitization therapy. The injured worker should be transferred to a pain management specialist. Until then recommend dispensing scar cream and pain cream with anti-inflammatory component.

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

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

**Flurbiprofen 15% Baclofen 2% Cyclobenzaprine 2% Gabapentin 6% Lidocaine 2.5% apply to affected area #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Flurbiprofen,15% Baclofen 2% Cyclobenzaprine 2% Gabapentin 6% Lidocaine 2.5% apply to affected area #1, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen,15% Baclofen 2% Cyclobenzaprine 2% Gabapentin 6% Lidocaine 2.5% apply to affected area #1 is not medically necessary.

**Misoprostol 0.0025% Phenytoin 5% Gentamicin 0.2% Lidocaine 5% Topical Gel Pracasil Plus, apply to affected area #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Misoprostol 0.0025% Phenytoin 5% Gentamicin 0.2% Lidocaine 5% Topical Gel Pracasil Plus, apply to affected area #1, CA MTUS states that

topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Regarding topical phenytoin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Misoprostol 0.0025% Phenytoin 5% Gentamicin 0.2% Lidocaine 5% Topical Gel Pracasil Plus, apply to affected area #1 is not medically necessary.