

<b>Case Number:</b>	CM15-0129256		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 24-year-old male, who sustained an industrial injury on November 4, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having an open wound of wrist, without mention of complication. Diagnostic studies were not included in the provided medical records. Surgeries to date have included: Tendon repairs of the right flexor carpi radialis, right palmaris longus, and right long and little finger superficial flexor tendons; right median nerve repair, and right long and ring finger deep flexor tendon partial laceration right median nerve on November 8, 2014. Treatment to date has included a hand dressing and splinting. There were no noted previous injuries or dates of injury, and no noted comorbidities. On December 3, 2014, the injured worker complains of scar pain. His was wearing a right hand-wrist dynamic flexion outrigger splint. The right hand exam revealed well-healing incisions without evidence of infection or compromise and significant decreased swelling since the last visit. There was stiffness of the right index, long, ring, and little fingers with injured worker being able to independently flex the fingers at the distal interphalangeal and proximal interphalangeal joints. The median nerve function was gradually returning. The protective dressing and splint were re-applied. The treatment plan included scar massaging lotion and continuing the current therapy protocol. His current work status was return to work on December 31, 2014. Requested treatments include: Fluticasone Propionate 1% 2.4gm, Levocetirizine Dihydrochloride 2% 4.8gm, Pentoxifylline 0.5% 1.2gm, Prilocaine Hydrochloride 3% 7.2gm, Gabapentin 15% 36gm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluticasone Propionate 1% 2.4gm, Levocetirizine Dihydrochloride 2% 4.8gm, Pentoxifylline 0.5% 1.2gm, Prilocaine Hydrochloride 3% 7.2gm, Gabapentin 15% 36gm, prescribed 12/3/14: Upheld**

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

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

**Decision rationale:** Regarding the request for Fluticasone Propionate 1% 2.4gm, Levocetirizine Dihydrochloride 2% 4.8gm, Pentoxifylline 0.5% 1.2gm, Prilocaine Hydrochloride 3% 7.2gm, Gabapentin 15% 36gm, prescribed 12/3/14, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Many agents are compounded as mono therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. 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 Fluticasone Propionate 1% 2.4gm, Levocetirizine Dihydrochloride 2% 4.8gm, Pentoxifylline 0.5% 1.2gm, Prilocaine Hydrochloride 3% 7.2gm, Gabapentin 15% 36gm, prescribed 12/3/14 is not medically necessary.