

<b>Case Number:</b>	CM15-0075011		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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:

This 37 year old female sustained an industrial injury to the left hand and wrist on 5/7/13. Previous treatment included x-rays, left carpal tunnel release, physical therapy, acupuncture, chiropractic therapy, left stellate ganglion block and medications. In a PR-2 dated 3/30/15, the injured worker complained of increased pain in the left wrist and hand with a burning sensation and numbness to the left arm. The injured worker rated her pain 8-9/10 on the visual analog scale. The injured worker reported 70% relief of left arm pain for up to three weeks following previous stellate ganglion block. Current diagnoses included complex regional pain syndrome, reflex sympathetic dystrophy with exacerbation of pain and depression secondary to chronic pain. The treatment plan included left stellate ganglion block, continuing home exercise, continuing medications (Norco, Lyrica and Zanaflex) and topical cream: Gabapentin 10%, Flurbiprofen 10%, Lidocaine 5%, Hyaluronic Acid 0.2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream, Gabapentin 10%, Flurbiprofen 10%, Lidocaine 5%, Hyaluronic Acid 0.2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 103, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Hyaluronic Acid.

**Decision rationale:** This medication is a compounded topical analgesic containing gabapentin, flurbiprofen, lidocaine, and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended. There is no peer-reviewed literature to support use. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case there is no diagnosis of post-herpetic neuralgia. Lidocaine is not recommended. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized. Therefore the request is not medically necessary.