

<b>Case Number:</b>	CM15-0077000		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old man sustained an industrial injury on 1/8/2015 after being punctured in the hand with a screw on the end of a cable that came loose. Evaluations include left hand x-ray dated 1/8/2015. Diagnoses include left hand pain rule out tenosynovitis and left third digit injury with residual pain. Treatment has included oral medications. Physician notes on a PR-2 dated 3/18/2015 show complaints of left hand and wrist pain rated 7/10. Recommendations include left hand and third digit MRI, electromyogram/nerve conductions studies of the bilateral upper extremities, physical therapy, acupuncture, shockwave therapy, Terocin patches, chiropractic treatment, functional capacity evaluation, Deprizine, Dicopanol, Fanatrex, Synapryn, two topical medications, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work-related injury in January 2015 and continues to be treated for left hand and wrist pain. When seen, medications were provided temporary pain relief. When seen, pain was rated at 7/10. There was decreased hand and finger range of motion with tenderness. This request is for a compounded topical medication. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Therefore, this medication was not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work-related injury in January 2015 and continues to be treated for left hand and wrist pain. When seen, medications were provided temporary pain relief. When seen, pain was rated at 7/10. There was decreased hand and finger range of motion with tenderness. This request is for a compounded topical medication. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Its use in a topical medication is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Therefore, this medication was not medically necessary.