

Case Number:	CM13-0023596		
Date Assigned:	11/15/2013	Date of Injury:	05/26/2012
Decision Date:	02/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who reported an injury on 05/26/2012. The patient is diagnosed with a sprain and strain of the wrist, De Quervain's radial styloid tenosynovitis, and carpal tunnel syndrome. The patient was seen by the requesting provider on 07/08/2013. Physical examination revealed moderate tenderness to palpation of the right wrist and hand with positive Tinel's and Phalen's testing. Treatment recommendations included continuation of current medication including 2 compounded creams as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabaketolido, 60gr, 2-3 times per day: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized, controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class

that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. As per the clinical notes submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Capsaicin 60gr, 2-3 times per day: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended as a whole. Capsaicin is only an option in patients who have not responded to or are intolerant of other treatments. Capsaicin is indicated for osteoarthritis, fibromyalgia, and chronic, non-specific back pain. The patient does not currently meet criteria for the use of capsaicin topical analgesic. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on clinical information received and the California MTUS Guidelines, the request is non-certified.