

Case Number:	CM13-0042089		
Date Assigned:	12/27/2013	Date of Injury:	07/02/2012
Decision Date:	04/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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:

This is a 38 year-old female who was injured on 7/2/12. She has been diagnosed with right ulnar neuropathy at the elbow confirmed by NCS; anxiety; insomnia; and s/p right anterior transposition of the ulnar nerve on 12/14/12. According to the 8/14/13 orthopedic report, the patient presents with 5/10 elbow pain. She had the right ulnar nerve transfer on 12/14/12 and feels the hand symptoms have improved. [REDACTED] states on 8/14/13, that he considers her at MMI. He recommended future medical care and a topical compound cream with ketoprofen, gabapentin, and tramadol. On 10/9/03 UR denied this.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF TRAM/FLUR/GABA/CYCL DURATION AND FREQUENCY UNKNOWN FOR PAIN IN THE RIGHT SHOULDER AND RIGHT ELBOW/FOREARM: Upheld

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

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

Decision rationale: The patient presents with right elbow pain residuals from an ulnar nerve transposition surgery in December 2012. I have been asked to review for a compounded topical medication containing tramadol, gabapentin, flurbiprofen, cyclobenzaprine. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states that topical gabapentin is not recommended. Therefore any compounded topical product that contains gabapentin is not recommended