

Case Number:	CM13-0050574		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2012
Decision Date:	08/22/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 with a 5/12/12 date of injury, when she slipped and fell and injured her left arm. She underwent open reduction with internal fixation of the left radial and ulnar shaft fracture and neurolysis of the left ulnar nerve on 5/12/12. The patient was seen on 4/23/13 with complaints of 8/10 left forearm associated with numbness and tingling. Pushing pulling, twisting, torqueing lifting and reaching at and above the shoulder level exacerbate the pain. The patient stated, that she has difficulty performing activities of daily living such as personal hygiene, wearing clothes and placing objects overhead. The patient also complained of 6/10 sharp left hand pain associated with numbness and tingling in the wrist. The pain is aggravated by physical activities such as pushing, pulling, gripping, grasping, writing and squeezing. The patient also reported the tendency to drop objects from her left hand. Exam findings of the left upper extremity revealed Jamar hand grip at 25/20/15 and no swelling, deformities or redness. The range of motion of the left shoulder was normal and Adson's, Tinel's, Phalen's signs were negative. The diagnosis is fracture of the left radius and ulna, injury to the ulnar nerve, left forearm pain. Treatment to date: left upper extremity surgery (5/12/12), long arm left upper extremity splint with CPT, post-operative physical therapy and medications. An adverse determination was received on 11/06/13 given that there was a lack of documentation indicating that the patient failed other first line medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE/FLURBIPROFEN/GABAPENTIN/TRAMADOL
(RETROSPECTIVE: 7/26/13): Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It is unclear why the patient needs this topical compound medication as opposed to oral medications as it is unclear that she has failed other first line methods of pain control. In addition all components of this topical cream are not recommended per CA MTUS Guidelines. Therefore, the request for cyclobenzaprine/flurbiprofen/gabapentin/tramadol (retrospective: 7/26/13) was not medically necessary.