

Case Number:	CM13-0052682		
Date Assigned:	12/30/2013	Date of Injury:	06/24/2010
Decision Date:	05/07/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Pain Medicine, and is licensed to practice in Florida. 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:

The injured worker is a 39-year-old female who reported an injury on 6/24/10. The mechanism of injury was not provided. Current diagnoses include status post right carpal tunnel release, right DeQuervain's syndrome, bilateral lateral epicondylitis and left DeQuervain's syndrome. There were no physician's progress reports submitted on the requesting dates of 4/18/11, 10/18/11, and 7/16/12. The injured worker was evaluated on 11/15/12. The injured worker reported pain rated at 3/10. Physical examination revealed 3+ tenderness to palpation of the anterior and posterior elbow, positive Cozen's testing, positive Mill's testing, 3+ tenderness of the right elbow, decreased and painful range of motion of the right wrist, 3+ tenderness to palpation of the dorsal, volar and medial wrist, and positive Tinel's and Phalen's signs. Treatment recommendations on that date included continuation of home exercise, splinting and current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: L3908 X3, RX 403504,403505,403506 WITH (DOS 10/18/11): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This is a nonspecific request and does not include the type of medication, dosage, frequency or quantity. Therefore, the California MTUS Guidelines cannot be applied. The current request is not medically appropriate and is non-certified.

GABAPENTIN, CYCLOBENZAPRINE, PENDERM BASE , ETHOXY DICLYCOL STRENGTH 10/10 (DOS 7/16/12): Upheld

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

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

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Muscle relaxants are not recommended as there is no evidence for the use of any muscle relaxant as a topical product. Gabapentin is also not recommended, as there is no evidence for the use of any anti-epilepsy drug as a topical product. Therefore, the request is non-certified.

KETOPROFEN, PENDERM BASE, ETHOCY DIGLYCOL STRENGTH 20/%, DISPENSED #60 (DOS 7/16/12): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The only FDA-approved topical NSAID is diclofenac. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

GABAPENTIN, CYCLOBENZAPRINE, PENDERM BASE, EHTOXY DICLYCOL STRENGTH 10/10, (DOS 4/18/11): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Muscle relaxants are not recommended as there is no evidence for the use of any muscle relaxant

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