

Case Number:	CM13-0064940		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2013
Decision Date:	06/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 4/26/13. The mechanism of injury was repetitive motion from typing. The clinical note dated 12/3/13 reported that the injured worker complained of persistent numbness and tingling in the right hand. The injured worker reported that she continued to drop things. The injured worker reported that wrist pain awakens her at night. The injured worker reported the inability to sleep. The injured worker complained of right shoulder pain. Upon the physical exam of the right wrist, the provider noted the injured worker was unable to dorsiflex to 60 degrees and volar flex to 60 degrees. The provider noted a positive Phalen's and Tinel's sign. The provider noted tenderness of the thenar eminence. The provider noted mild swelling. The provider noted a negative Finkelstein's maneuver test. The injured worker has diagnoses of cervicothoracic strain, right shoulder bursitis, mild left shoulder bursitis, and right upper extremity overuse injury with probable carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND GABAPENTIN 10% / TRAMADOL 20% / LIDOCAINE 5% IN MEDIDERM BASE DISPENSED ON 10/7/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The California Guidelines note that 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. The guidelines note that topical Gabapentin is not recommended. The guidelines note that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, but only in the form of a dermal patch. The guidelines also note any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is lack of documentation indicating the injured worker had signs and symptoms for neuropathic pain. There was lack of documentation indicating the injured worker to have tried and failed antidepressants and anticonvulsants. There was lack of objective findings indicating the injured worker to have osteoarthritis and tendonitis. Additionally, the injured worker had been utilizing the medication for an extended period of time since 10/7/13 which exceeds the guideline recommendations of short-term use of 4-12 weeks. As such, the request is not medically necessary.