

Case Number:	CM13-0068440		
Date Assigned:	01/03/2014	Date of Injury:	08/11/2011
Decision Date:	04/24/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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 is licensed to practice in Illinois. 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 patient is a 39-year-old female who reported an injury on 08/11/2011. The mechanism of injury was not stated. The patient is currently diagnosed with wrist pain, elbow pain, neck pain, complex regional pain syndrome in the upper extremity, carpal tunnel syndrome, ulnar neuritis, finger osteoarthritis, myofascial pain syndrome, ulnar nerve palsy and chronic pain syndrome. The patient was seen by [REDACTED] on 11/02/2013. The patient reported 7/10 pain. Physical examination revealed a positive Phalen's testing on the right, ulnar elbow tenderness and intact sensation. Treatment recommendations at that time included the continuation of current medications, including Cyclobenzaprine 7.5 mg and a compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR CYCLOBENZAPRINE 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non sedating second-line options for the short-term treatment of acute

exacerbations in patients with chronic pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 7/10 pain. There was no evidence of palpable muscle spasm or spasticity upon physical examination. As the guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

THE REQUEST FOR KETOPR/KETAM/LIDO/GABA CREAM #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section 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. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no documentation of a failure to respond to first-line oral medications prior to the initiation of a topical analgesic. Additionally, the California MTUS Guidelines state that Gabapentin is not recommended, as there is no evidence for the use of any anti-epilepsy drug as a topical product. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.