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| Case Number: | CM13-0070973 | | |
| Date Assigned: | 04/02/2014 | Date of Injury: | 08/28/2013 |
| Decision Date: | 05/09/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Family Medicine and is licensed to practice in Arizona. 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 27 year old male with a date of injury on 8/28/2013. The patient has ongoing symptoms in his left hand and wrist, and has the diagnosis of left carpal tunnel syndrome, and left middle finger distal amputation, status post repair and debridement. Subjective complaints are of intermittent mild to moderate aching pain in left wrist/hand and middle finger pain and tingling. Physical exam reveals tenderness to palpation of the dorsal and volar wrist, and tenderness over distal long finger. Treatment has included medications (Vicodin) and physical therapy. Documentation does not show evidence of other oral medications being utilized beside the post-operative Vicodin. Request is for two compounded ointments for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

20-DAY SUPPLY OF THE COMPOUND MEDICATION: FLURBIPRO / LIDOCAINE / AMITRIPTY / PCCA LIPO, QUANTITY: 180 WITH 0 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Flurbiprofen, amitriptyline, and lidocaine. Guidelines do not recommend topical amitriptyline as no peer-reviewed literature support its use. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. For these reasons, the medical necessity of this medication is not established.

20-DAY SUPPLY OF THE COMPOUND MEDICATION: GABAPENTI / CYCLOBENZ / TRAMADOL/PCCA LIPO, QUANTITY: 180 WITH 0 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Antiepilepsy Drugs Page(s): 111-113 and 16.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines gabapentin, cyclobenzaprine, and tramadol. CA MTUS indicates that gabapentin is an anti-seizure medication is recommended for neuropathic pain. CA MTUs also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. The medical records do not indicate any pain relief or functional improvement specific to this medication. Guidelines also do not recommend topical gabapentin or cyclobenzaprine as no peer-reviewed literature supports their use. Due to this compounded medication not being in compliance to current use guidelines the requested prescription is not medically necessary.