

Case Number:	CM14-0001197		
Date Assigned:	01/22/2014	Date of Injury:	08/29/2008
Decision Date:	06/16/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 California. 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 55 year old male who was injured on 08/29/2008. The mechanism of injury is unknown. Prior treatment history has included Ambien CR 12.5 mg, Cymbalta 30 mg, Ketoprofen/Lidocaine cream 10%, Laxacin, Naproxen 550 mg, methadone 10 mg, Pantoprazole 20 mg, Senokot 50 mg, MS-Contin 60 mg, MS-Contin 30 mg, and Mirtazapine 15 mg. The patient underwent carpal tunnel release on 04/23/2013. Diagnostic studies reviewed include MRI of the right wrist dated 09/03/2013 reveals chronic tear in the scapholunate ligament with a DISI deformity of the wrist. There is advanced degenerative osteoarthritis in the medial scaphoid, articulation, and intercarpal articulations. PR2 dated 11/08/2013 documents the patient presents for follow-op post carpal tunnel release of right wrist. There is pain which is moderate in intensity and accompanied by stiffness. Physical exam reveals approximately 20 degrees of active flexion and 30 degrees of dorsiflexion in the wrist. There is mild swelling in the right wrist. The patient is diagnosed with posttraumatic posterior arthritis of the right wrist and status post carpal tunnel release. The treatment and plan includes an evaluation by hand surgeon and further care by a board certified hand surgery. Prior UR dated 12/06/2013 documents request for Lyrica was denied because medical necessity was not established. It is not documented that the patient responded to or has intolerance to other treatments besides the Cyclogaba cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOGABA CREAM 10% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): TOPICAL ANALGESICS.

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

Decision rationale: According to the California MTUS Guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient was diagnosed with post-traumatic osteoarthritis of the right wrist and status post carpal tunnel release dated 4/23/2013. In the absence of documented failure trial of first line treatment such as antidepressant and anticonvulsant and as the compound "Cyclogaba cream" contains Baclofen and Gabapentin both of which is not recommended, the request cannot be supported. Therefore, the request for Cyclogaba Cream 10% # 1 is not medically necessary and appropriate.

LYRICA 25MG #90 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) Page(s): 16-20.

Decision rationale: According to the California MTUS guidelines, Antiepilepsy drugs (AEDs) is recommended for neuropathic pain (pain due to nerve damage). The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medical records document the patient was diagnosed with post-traumatic osteoarthritis of the right wrist and status post carpal tunnel release dated 4/23/2013. In the absence of documented radiculopathy, the medical necessity has not been established. Therefore, the request for Lyrica 25mg # 90 with 5 refills is not medically necessary and appropriate.