

Case Number:	CM14-0007084		
Date Assigned:	02/07/2014	Date of Injury:	05/23/2001
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery, 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 58 year old claimant with an industrial injury of 5/23/01. Electrodiagnostic studies from 1/24/12 demonstrate moderate right median neuropathy at the wrist. An exam note from 10/8/13 demonstrates complaints of right wrist pain. An exam note dated 11/26/13 demonstrates decreased range of motion with pain with palpation of carpal tunnel and positive Tinel's and Phalen's signs. A prior review was noted to have approved a right carpal tunnel release on 1/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE DURACEF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cefadroxil.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

Decision rationale: According to the ODG Infectious Disease Chapter, "Cefadroxil (Duracef) is recommended as first line treatment for infections." In this case, the records submitted do not demonstrate any evidence of active infection. Therefore the request is not medically necessary and appropriate.

FLURIFLEX(FLURBIPROFEN/CYCLOBENZAPRINE 15/10%) CREAM 180GM TO BE APPLIED TO AFFECTED AREA TWICE DAILY: 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, MUSCLE RELAXANTS,

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." There is insufficient evidence in the medical records provided for review to support the medical necessity of this compounded medication. Based on the MTUS Chronic Pain Guidelines and the medical records provided for review, the request for Fluriflex is not medically necessary and appropriate.

TGICE (TRAMADOL/GABAPENTIN/MENTHOL/CAMPBOR 08/10//2%) CREAM 180GM TO BE APPLIED TO AFFECTED AREA TWICE DAILY: 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, TOPICAL ANALGESICS,

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." There is insufficient evidence in the medical records provided for review to support the medical necessity of this compounded medication. Based on the MTUS Chronic Pain Guidelines and the medical records provided for review, the request for Fluriflex is not medically necessary and appropriate.