

Case Number:	CM14-0008677		
Date Assigned:	02/12/2014	Date of Injury:	03/06/2003
Decision Date:	07/21/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 female who has submitted a claim for bilateral wrist and hand pain status post carpal tunnel surgery for both hands, associated with an industrial injury date of March 6, 2003. The medical records from 2012 through 2013 were reviewed. The progress report, dated 08/29/2013, showed ongoing symptoms of bilateral wrist and hand pain. It was aggravated by repetitive activities of the hands. Shooting pain was noted in both hands, and from the wrist and to the fingers. The physical examination revealed positive Tinel's sign bilaterally. Mild paresthesia was noted in bilateral hands down to all fingers. There were atrophic changes. The treatment to date has included 2 carpal tunnel surgeries right hand, left carpal tunnel surgery left hand and medications. The utilization review from 01/07/2014 denied the request for the purchase of Clonidine 0.2%, Gabapentin 6%, Amitriptyline 3%, Mefenamic Acid 3%, Bupivacaine 1% 240grams because there was documentation of a previous adverse determination for lack of guidelines to support the proposed compound topical formulation. No additional medical information was made available in the context of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONIDINE .2%, GABAPENTIN 6%, AMITRYPTYLINE 3%, MEFENAMIC ACID 3%, BUPIVACCAINE 1% 240 GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 and Trigger Point Injections, page 122 Page(s): 111-113, 122.

Decision rationale: According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Clonidine is a direct-acting adrenergic agonist but no topical application is discussed. Gabapentin is not recommended for topical applications. Amitriptyline is a tricyclic antidepressant considered first line agents, but there is no discussion regarding topical application of this drug. There is little to no research as for the use of Mefenamic Acid. Regarding Bupivacaine, it is used for trigger point injections and complex regional pain syndrome I as stated on California MTUS Chronic Pain Medical Treatment Guidelines page 122. In this case, the rationale of using a topical application is preferred by the patient due to previous gastric bypass surgery. However, the guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. The said topical application contains drug components that are not recommended for topical use. Therefore, the request for the purchase of Clonidine 0.2%, Gabapentin 6%, Amitriptyline 3%, Mefenamic Acid 3%, and Bupivacaine 1% 240 grams is not medically necessary.