

<b>Case Number:</b>	CM14-0019102		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Occupational Medicine 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 51 year old female who was injured on 05/15/2013 when a loveseat fell on her right hand/wrist while working. The patient underwent a breast surgery on the right for a cyst (pre-cancer) removal in April 2012. MRI of the right wrist dated 07/05/2013 reveals a 2-3 mm subcortical cyst seen within the ulnar styloid; and a small distal radioulnar joint effusion. MRI of the right shoulder dated 06/24/2013 demonstrates mild degenerative hypertrophic changes of the acromioclavicular joint with mild subchondral bone edema seen within the distal clavicle. PR-2 dated 09/21/2013 indicates the patient complains of headache, neck pain, upper back pain, and pain in the right upper extremity with numbness in the arms and hands. The patient complains of severe pain in the right wrist/hand as well, all the way to the right elbow and then to the right shoulder. The patient is very swollen with redness over the wrists/hands as well as over the whole fingers. The patient complains of pain in the neck, which radiates to the right wrist and also pain in the right wrist which radiates up in the neck. The pain in the arms is same as compared to that in the neck. Overall, she rates her pain at 7-8. She states that the pain is better with resting, medication, therapy, and heat. The pain is made worse with lifting over head and power on gripping. She experiences stiffness in her right arm. There is tingling and weakness noted in her right hand and fingers. She takes Tramadol, Naproxen, anastrozole for breast cyst. On review of systems, the patient is positive for anxiety and depression; positive for joint pains, swelling, instability, stiffness and muscle pain; and positive for numbness and tingling. Objective findings on exam reveal the patient is in no distress. There is mild swelling and less redness of the right hand. There is tenderness but no pain on radial deviation. Range of motion of the wrists and hands are decreased. Grip strength is 3-5. Median nerve Tinel's test is positive. Phalen's test is positive; Bracelet test is positive. There is moderate to severe pain on the right fingers. Range of motion of the fingers is decreased on the right. The shoulders have tenderness

noted over the SC joint, AC joint, supraspinatus and greater tuberosity. Muscle tone and strength is normal. Ranges of motion on the right exhibit shoulder abduction to 150; forward flexion to 140; internal rotation to 50; external rotation to 70; and shoulder adduction to 30. Tennis elbow test is positive and Phalen's sign is positive. The patient is diagnosed with pain in the elbow; right traumatic arthropathy; right elbow sprain/strain; contusion of the right wrist; contusions of right arm and right wrist; right hand crush injury; right wrist crush injury; and right shoulder tendinitis of the wrist from bursitis. The treatment and plan includes physical therapy and chiropractic therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RETROSPECTIVE GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL: Upheld**

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

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

**Decision rationale:** The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to CA MTUS guidelines, topical Gabapentin is not recommended as there is no peer-reviewed literature to support its use. Therefore, the retrospective Gabapentin, Cyclobenzaprine and Tramadol compounded topical analgesic is not medically necessary according to the guidelines.

#### **FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE: Upheld**

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

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

**Decision rationale:** As per CA MTUS guidelines, topical Lidocaine is recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). On the other hand, it is not recommended for non-neuropathic pain. The available medical records do not address any trial of the first-line therapy mentioned in the guidelines. Further, amitriptyline is not recommended for topical application. According to guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of the Flurbiprofen, Lidocaine and Amitriptyline compounded cream is not established.

