

Case Number:	CM14-0138745		
Date Assigned:	09/05/2014	Date of Injury:	03/16/2010
Decision Date:	12/31/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 37 year old female with date of injury 3/16/10 and is status post left wrist arthroscopy with ganglion removal and TFCC debridement on 9/27/10. The treating physician report dated 8/7/14 indicates that the patient presents with pain affecting the left elbow rated a 7/10 without medications and a 5/10 with medications. She also experiences tingling affecting the hands. The physical examination findings reveal normal upper extremity strength, sensation is intact but diminished in all areas of the left hand and there is tenderness over the scar in the wrist and the medial elbow. The current diagnoses are: 1.Limb pain2.Neuralgia3.Numbness and tingling in the left hand4.Chronic painThe utilization review report dated 8/20/14 denied the request for topical compound Gaba/Keto/Lido based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical: Gaba/Keto/Lido: Upheld

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

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

Decision rationale: The patient presents with chronic left elbow pain with bilateral hand tingling. The current request is for Compound topical: Gaba/Keto/Lido. The MTUS has the following regarding topical creams (page 111, Chronic Pain section): "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 MTUS specifically states that Gabapentin and Lidocaine are not recommended under the topical analgesic section. Therefore, the request is not medically necessary.