

Case Number:	CM14-0153636		
Date Assigned:	09/23/2014	Date of Injury:	11/05/2012
Decision Date:	10/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/19/2014

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 55 years old female with an injury date on 11/05/2012. Based on the 07/07/2014 progress report, the patient complains of moderate left wrist and thumb pain. Physical exam reveals a well healed scar in the midvolar aspect of the forearm that is nontender and pliable. Range of motion of the thumb was "excellent." There were no other significant findings noted on this report. The utilization review denied the request on 09/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/27/2013 to 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin/Amitript/Dexamethorphan/Flurbiprofen/Tramadol:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section - topical creams Page(s): 111-112.

Decision rationale: According to the 07/07/2014 report by Dr. Hanker this patient presents with moderate left wrist and thumb pain. The physician is requesting a retrospective request of Gabapentin /Amitript/ Dexamethorphan/Flurbiprofen/Tramadol cream. Regarding topical

NSAIDS, MTUS guidelines recommends for "neuropathic pain when trials of antidepressants and anticonvulsants have failed." In this case, the patient does not meet the indication for the topical medication as she does not present with neuropathic pain. Furthermore, the MTUS Guidelines state "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case Gabapentin is not recommended in a topical formulation. Furthermore, Tramadol is not discussed in any of the guidelines for topical formulation. Given the lack of the guidelines discussion and lack of evidence, the retrospective request for Gabapentin/Amitriptyline/Dexamethorphan/Flurbiprofen/Tramadol (DOS: 07/28/2014) is not medically necessary and appropriate.