MAXIMUS Federal Services

Case Number:	CM14-0164879		
Date Assigned:	10/09/2014	Date of Injury:	07/15/2011
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 Hand Surgeon, and is licensed to practice in Oregon . 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:

Medical records from 04/24/14 indicates that the claimant complains of bilateral elbow pain rated 2/10 and bilateral wrist and hand pain rated 2/10. The claimant is status post right wrist carpal tunnel surgery and right thumb trigger finger release surgery, with residual pain. The claimant also experiences stress, anxiety, insomnia, and depression. The claimant states that the symptoms persist, but the medications do offer temporary relief of pain and improve the ability to have a restful sleep. The pain is also alleviated by activity restrictions. Physical examination of the elbows reveals tenderness and positive Cozen's sign and Tinel's. Physical examination of the bilateral wrists/hands reveals tenderness on the left wrist, mild hypertrophy on the right wrist, and positive Tinel's, Phalen's, Finkelstein's, and Flicker test, bilaterally. There is decreased sensation along the course of the ulnar nerve distribution in the bilateral upper extremities and along the course of the median nerve distribution on the left upper extremity. The provider recommends Terocin patches for pain relief and MRI of the bilateral elbows and wrists/hands, and physical therapy and acupuncture to the bilateral elbows and wrists/hands. The claimant is advised to return to modified work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

Decision rationale: The CA-MTUS Guidelines for topical analgesics indicates there is no peer reviewed literature to support the use of gabapentin in topical formulas, and capsaicin is suggested as an option for patients not responding or intolerant of other treatments. This has not been documented for this patient. As the gabapentin and capsaicin are not supported, the TGHot compound is not supported. The request for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180gm is not medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzine.

Decision rationale: The CA-MTUS Guidelines on topical analgesics indicate that there is no evidence to support the use of muscle relaxants in topical compounds. As the cyclobenzaprine is not supported, the requested compound is not supported. The request for Cyclobenzaprine 2%/Flurbiprofen 25% 180gm is not medically necessary.