

<b>Case Number:</b>	CM14-0171419		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Pain Management 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 injured worker is a 48 year old female with a date of injury on 7/11/2011. She is diagnosed with (a) cervical sprain/strain, (b) status post microscopic L4-L5 and L5-S1 decompression on 01/24/2014; (c) bilateral carpal tunnel syndrome, right greater than left; (d) status post right carpal tunnel release; (e) status post carpal tunnel release of the left hand; (f) right trigger thumb; (g) anxiety; and (h) insomnia. Based on the most recent records dated 9/4/2014, the injured worker complained of some problems with her right wrist scar. She was very sensitive but there was not sensitivity to her left wrist scar. She stated that she has moderate pain in that scar on the right and mild on the left. She also has severe low back pain that radiates into both legs. She did have a decompression of L4-L5 and L5-S1 in 01/2014 but still has a lot of back pain. On examination, she was irritable and resisted some of the motions. Her gait was extremely slow. Wrist examination noted hypersensitivity on the right incision and minimal sensitivity on the left incision. The right was done in 10/2013 and the left was in 12/2013. This indicates that some cutaneous nerves were probably grown into the incision. A back examination noted limited range of motion bilaterally. Seating and supine straight leg raising test was positive bilaterally. Sensation was slightly diminished at L4 through S1 dermatomal distribution bilaterally. Motor examination was also slightly diminished bilaterally at L4 through S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective, Compound: Cyclobenzaprine 21gm/Gabapentin 12gm/Flubiprofen 30gm/Tramadol 30gm, DOS: 7/31/14: Upheld**

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

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

**Decision rationale:** According to evidence-based guidelines, any compounded products that contain at least one drug or drug class that is not recommended is not recommended. In this case, guidelines point out that gabapentin is not recommended as there is little peer-reviewed literature to support its use. Other muscle relaxants including cyclobenzaprine are also not recommended. Since, the requested compounded medications contains two not recommended drugs the medical necessity of the Retrospective, Compound: Cyclobenzaprine 21gm/Gabapentin 12gm/Flubiprofen 30gm/Tramadol 30gm, date of service 7/31/2014 is not established. Therefore this request is not medically necessary.