

Case Number:	CM14-0185129		
Date Assigned:	11/13/2014	Date of Injury:	03/07/2013
Decision Date:	12/30/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of March 7, 2013. Thus far, the applicant was treated with the following: Analgesic medications; adjuvant medications; wrist bracing, and extensive periods of time off of work. The claims administrator denied a request for topical compounded powder through the utilization review process. The applicant's attorney subsequently appealed. On July 23, 2014, the applicant underwent left first dorsal compartment extensor compartment tendonitis release surgery. On August 14, 2014, the applicant was described as using a variety of medications for hand pain, including Vicodin, Capsaicin containing topical cream, Motrin, Lidocaine ointment, and Neurontin. Additional physical therapy was sought. On August 26, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of hand pain. It was suggested that the applicant had developed reflex sympathetic dystrophy and derivative complaints of psychological stress. On September 2, 2014, the applicant was again placed off of work, on total temporary disability. Topical compounded creams were dispensed on various occasions, including on August 19, 2013. On June 17, 2014, the applicant was given a prescription for oral Gabapentin. On May 13, 2014, the applicant was described using both oral Vicodin and Ibuprofen for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine HCL compound with Gabapentin powder, Imipramine HCL powder, Mefenamic Acid, Lidocaine in PCAA Lipoderm base: 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 Topical Analgesics topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, one of the primary ingredients in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Lyrica, Motrin, Neurontin, Vicodin, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental compound at issue. Therefore, the request was not medically necessary.