

Case Number:	CM14-0186042		
Date Assigned:	11/13/2014	Date of Injury:	06/26/2010
Decision Date:	12/22/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 57 year old female with an injury date of 06/26/10. The 08/14/14 report states that the patient presents with tenderness in the lower part of the right palm and wrist, with swelling in the right thumb and wrist. She also presents with sharp pain radiating from the middle of the right palm to the middle forearm with bruising present on the right wrist. Examination reveals nearly complete range of motion of the right 4 fingers and moderate generalized induration and edema of the right forearm/wrist/hand. The patient's diagnoses are: 1. Right lateral epicondylitis 2. Right ulnar nerve neuritis cubital tunnel 3. Right and left DeQuervain's disease 4. Right carpal tunnel syndrome 5. Right intersection syndrome 6. Right chronic wrist pain. The utilization review being challenged is dated 10/11/14. Reports were provided from 03/28/13 to 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Gabapentin 10%, Transdermal cream (retro) DOS 08/14/14:
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, 113.

Decision rationale: The patient presents with pain in the right palm and wrist with swelling in the right thumb and wrist. The provider requests for Cyclobenzaprine 10%, Gabapentin 10%, transdermal cream (retro) DOS 08/14/14. 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." In this case, the requested compound cream contains Cyclobenzaprine that is not recommended for topical formulation. Furthermore, MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, Cyclobenzaprine 10%, Gabapentin 10%, transdermal cream (retro) DOS 08/14/14 is not medically necessary and appropriate.