

Case Number:	CM14-0026468		
Date Assigned:	06/13/2014	Date of Injury:	03/03/2009
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 47 year-old female with a 3/3/2009 date of injury. She has been diagnosed with status post right CTR(carpal tunnel release); status post right ulnar transposition surgery; status post lateral epicondylar release; CRPS (complex regional pain syndrome) right elbow; anxiety/depression; sleep disturbance. According to the 2/6/13 pain management report, the patient presents with 9/10 constant pain in the right shoulder, elbow, hand and wrist. She takes OxyContin 40mg tid; percocet 10/325 mg q4-6hr, soma 350mg bid; neurontin 600mg qid; and Elavil 25mg qhs. The physician has requested a spinal cord stimulator. On 1/29/14 UR provided a retrospective denial for a topical compound containing gabapentin, cyclobenzaprine, unknown dose, for 3/11/13. There are no medical reports corresponding to the 3/11/13 request, provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE FOR DATE OF SERVICE 3/11/2013
GABAPENTIN/CYCLOBENZAPRINE (DURATION UNKNOWN AND FREQUENCY UNKNOWN) FOR TREATMENT OF BILATERAL WRISTS/HANDS AND RIGHT ELBOW:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS COMPOUNDED Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 2/6/13 pain management report, the patient presents with 9/10 constant pain in the right shoulder, elbow, hand and wrist. The request is for a compound medication containing gabapentin and cyclobenzaprine provided on 3/11/13. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The topical compound contains gabapentin. MTUS specifically states that topical applications of gabapentin are not recommended, therefore the whole compound would not be recommended. Recommendation is for denial.