

Case Number:	CM14-0030971		
Date Assigned:	06/20/2014	Date of Injury:	01/31/2013
Decision Date:	08/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 Sports Medicine and is licensed to practice in New York and Texas. 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 55-year-old male who reported an injury on 01/31/2013, after he was locking a door with a chain and the door reportedly slammed on his right hand. The injured worker's treatment history included anti-inflammatories, physical therapy, and night splinting. The injured worker was evaluated on 02/03/2014. It was noted that the injured worker had continued right hand pain complaints with numbness and tingling. Physical findings included tenderness to palpation of the carpal bones, and limited range of motion secondary to pain. It was also noted that the injured worker had a positive carpal Tinel's test, Phalen's sign, and Finkelstein's test. The injured worker had decreased sensation of the third and fourth digit. The injured worker's diagnoses included right hand sprain/strain, and right hand carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

240GM FLURBIPROFEN 25%-CYCLOBENZAPRINE 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Medications.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of topical nonsteroidal anti-inflammatory drugs for patients who are not able to tolerate oral formulations of nonsteroidal anti-inflammatory medications. The clinical documentation submitted for review does not provide any evidence that the injured worker is unable to tolerate oral formulations or that they are contraindicated for the injured worker. Additionally, this is a compounded medication that includes cyclobenzaprine. California Medical Treatment Utilization Schedule does not support the use of cyclobenzaprine as a topical analgesic, as there is little scientific evidence to support the efficacy and safety for long-term use. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not recommended. As such, the requested 240 gm flurbiprofen 25%/cyclobenzaprine 2% is not medically necessary or appropriate.

240GM GABAPENTIN 10%-LIDOCAINE 5%-TRAMADOL 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier.

Decision rationale: The requested gabapentin/lidocaine/tramadol is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of gabapentin as a topical analgesic, as there is little scientific evidence to support the efficacy and safety of this medication. California Medical Treatment Utilization Schedule also does not support the use of lidocaine in a cream or gel formulation, as it is not FDA-approved to treat neuropathic pain. Peer-reviewed literature does not support the use of opioids in the management of chronic pain, as there is little scientific evidence to support the efficacy and safety of this type of medication in topical applications. California Medical Treatment Utilization Schedule states that if a compounded medication contains at least 1 drug or drug class that is not recommended by guideline recommendations, it is not recommended. As such, the requested 240 gm gabapentin 10%/lidocaine 5%/tramadol 15% is not medically necessary or appropriate.