

Case Number:	CM14-0033917		
Date Assigned:	06/20/2014	Date of Injury:	01/08/2003
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/18/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 50 year old female with date of injury 1/8/2003. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral hand pain since the date of injury. She has been treated with a brace and medications. There are not radiographic data included for review. Objective: positive Tinel's bilaterally, positive trigger points at bilateral trapezius musculature. Diagnoses: limb pain, carpal tunnel syndrome. Treatment plan and request of Cyclobenzaprine/Gabapentin/Tramadol/Flurbiprofen compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective date of service 01/09/2014

Cyclobenzaprine/Gabapentin/Tramadol/Flurbiprofen (duration unknown and frequency unknown) for treatment of bilateral hands and wrists.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic compounded Page(s): 121-122.

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

Decision rationale: This 50 year old female has complained of bilateral hand pain since date of injury 1/8/2003. She has been treated with a brace and medications. The retrospective request is

for Cyclobenzaprine/Gabapentin/Tramadol/Flurbiprofen compounded cream. Per the MTUS guideline cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine/Gabapentin/Tramadol/Flurbiprofen compounded cream is not indicated as medically necessary.