

Case Number:	CM14-0054496		
Date Assigned:	07/07/2014	Date of Injury:	09/12/2011
Decision Date:	08/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old female who reported a work-related injury on 10/14/2005. The mechanism of injury was not stated. The injured worker had complaints of pain to the right wrist and was diagnosed with right wrist carpal tunnel syndrome and tear of triangular fibrocartilage complex. Per progress report dated 03/03/2014, the injured worker complained of increased pain to right wrist, swelling and inflammation. It was reported that her medications helped a bit. The injured worker reported her pain level had not changed since last visit. It was noted the injured worker was pending an AME report and an ortho evaluation for followup for right carpal tunnel syndrome and tear of triangular fibrocartilage complex. The treatment plan included a urinalysis and creams. There was no request for authorization form submitted with the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 percent Dextromethorphan 10 percent Amitriptyline 10 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California Medical Treatment Guidelines for Chronic Pain state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation stating the injured worker had failed first line therapy with antidepressants or anticonvulsants prior to being prescribed topical analgesics. The guidelines further state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The request included topical gabapentin. The guidelines state that gabapentin is not recommended as there is no peer reviewed literature to support the use of topical gabapentin. Therefore, the decision for gabapentin 10%, Dextromethorphan 10%, amitriptyline 10% is non-certified.