

Case Number:	CM14-0085580		
Date Assigned:	07/23/2014	Date of Injury:	03/12/2013
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 injured worker is a 45-year-old female who reported an injury on 03/12/2013; the mechanism of injury was not provided. On 04/30/2014, the injured worker presented with bilateral wrist pain. Upon examination of the right wrist there was tenderness to palpation of the dorsal wrist and volar wrist. There were multiple spasms of the forearm and a positive Tinel's and Phalen's. Examination of the left wrist noted tenderness to palpation to the dorsal wrist and volar wrist. There was muscle spasm present and a positive Tinel's and Phalen's. The diagnoses were right and left carpal tunnel syndrome. A current medication list was not provided. The provider recommended flurbiprofen, tramadol Mediderm base, and gabapentin/dextromethorphan/amitriptyline Mediderm base, flurbiprofen; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20% In Mediderm Base: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee or elbow, or other joints that are amenable to topical treatment. It is recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker's diagnosis was not congruent with the guideline recommendations for topical NSAIDs. Additionally, the provider's request did not indicate the site the cream was intended for or the frequency in the request as submitted. As such, the request is not medically necessary.

Gabapentin 10% / Dextromethorphan 10%/ Amytriptyline 10% in Mediderm base 30 grams 3- Flubiprofen 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that muscle relaxants are not recommended for topical application. As the guidelines do not indicate muscle relaxants for topical application, gabapentin would not be indicated. Additionally, the provider's request does not indicate the site or frequency that the cream was intended for in the request as submitted. As such, the request is not medically necessary.