

Case Number:	CM14-0181896		
Date Assigned:	11/24/2014	Date of Injury:	05/15/2012
Decision Date:	01/09/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This is a 64 year old a female who sustained a work related injury on 5/15/2012. Per the Primary Treating Physician's Progress Report dated 9/29/2014, the injured worker reported bilateral hand pain. Physical Examination revealed normal range of motion of the bilateral wrists, Phalen's test left greater than right, no tenderness or spasms of the wrist and hypoesthesia at the level of C6 and C7. Diagnoses included left carpal tunnel syndrome, contusions of hand and fingers, and sprain strain hand. The plan of care included diagnostic imaging, electro diagnostic testing of the upper extremities, and medication management. Work Status was modified. On October 10, 2014, Utilization Review non-certified a prescription for Flurbiprofen 15 Percent, Gabapentin 10 Percent, & Cyclobenzaprine 2 Percent, Apply to Affected Area 2 to 3 Times A Day for Pain. The prescription was non-certified based on lack of evidence to support the use of topical muscle relaxants and The California MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics chapter, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15 Percent Gabapentin 10 Percent Cyclobenzaprine 2 Percent Apply to Affected Area 2 to 3 Times a Day for Pain: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flurbiprofen 15 Percent Gabapentin 10 Percent Cyclobenzaprine 2 Percent is not medically necessary.