

Case Number:	CM14-0186640		
Date Assigned:	11/14/2014	Date of Injury:	09/13/2012
Decision Date:	01/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of September 13, 2012. A utilization review determination dated November 5, 2014 recommends denial of a topical compound medicine. A progress report dated October 15, 2014 shows subjective complaints indicating that the patient has been progressing well in motion have been improving. Physical examination reveals tenderness along the FCU with some weakness in the wrist flexors. There is also some decreased sensation in the ulnar distribution. The treatment plan states that the patient has a history of gastroesophageal reflux disease with oral pain medication and should therefore be started on a topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6% 120gms, apply 1-2 grams to affected area 3-4 times daily, with 3 refills for the management of symptoms related to right wrist injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed., www.RxList.com, Official Disability Guidelines (ODG) Drug Formulary, Epocrates Online, Monthly Prescribing Reference, Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator

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

Decision rationale: Regarding the request for Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, through the medications are not supported for topical use and one is not supported for topical use in a non-patch form (lidocaine). As such, the currently requested Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6% is not medically necessary.