

Case Number:	CM14-0187200		
Date Assigned:	11/17/2014	Date of Injury:	04/21/1998
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, upper extremity pain, elbow pain, and wrist pain reportedly associated with an industrial injury of April 21, 1998. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve request for topical compounded gabapentin containing and topical compounded lidocaine containing medications. The claims administrator's decision was based on an October 9, 2014 office visit at which point the applicant was described as using a variety of oral medications, including Motrin and Flexeril. The applicant also had a history of earlier left cubital tunnel release surgery, left carpal tunnel release surgery, and right carpal tunnel release surgery. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 9, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of shoulder, elbow, and hand pain. The applicant was given various diagnoses, including bilateral elbow epicondylitis and bilateral carpal tunnel syndrome. Permanent work restrictions were renewed while various topical compounded medications, including a gabapentin containing compound and a baclofen containing compound were endorsed. In a separate RFA form dated October 9, 2014, Motrin, Prilosec, and Flexeril were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin10%: 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 topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Motrin, Flexeril, etc., effectively obviated the need for the gabapentin containing compound. Therefore, the request was not medically necessary.

Lidocaine 5% 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line antidepressants and/or anticonvulsants, in this case, however, there was/is no clear or compelling evidence of first-line anticonvulsant adjuvant medications and/or first-line antidepressant and adjuvant medication failure prior to selection, introduction, and/or ongoing usage of the lidocaine containing compound at issue. Therefore, the request was not medically necessary.