

Case Number:	CM14-0187521		
Date Assigned:	11/17/2014	Date of Injury:	02/04/2014
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
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 Family Practice 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 56 year old woman sustained an industrial injury involving a trip and fall on 2/4/2014 which resulted in a right carpal fracture and right wrist carpal strain and sprain upon breaking the fall with the right upper extremity. Treatment has included oral and topical medications, surgical repair of right carpal fracture on 2/25/2014, twelve sessions of physical therapy, and six sessions of post-surgical acupuncture. Physician's notes state that the worker was declared temporarily totally disabled on 4/21/2014. The worker continued to have difficulties with activities of daily living including dressing herself, driving, grasping, writing, showering, using the toilet, cooking and sleeping and frequently experiences pain and swelling of the fingers. Range of motion measurements are greatly reduced and show minimal abilities. Recommendations included an additional eight sessions of physical therapy, x-ray of the right wrist, psychosocial factors screen, multi inferential stimulator, and a functional capacity evaluation. The functional capacity evaluation determined that the worker is suitable to return to work. On 10/9/2014 Utilization Review evaluated requests for Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, twice a day quantity 180 with two refills; Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% twice a day quantity 180 with two refills; and Naprosyn 500 mg quantity of 100 1Q twice a day PC with two refills. The physician noted significant improvement with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%, Gabapentin 10%, Kethoprofen 10%, twice a day quantity 180 with 2 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compound above contains, topical Gabapentin. Topical Gabapentin is not recommended due to lack of evidence to support its use. Therefore the compounded cream above is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% twice a day quantity of 180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. . Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compound above contains, topical muscle relaxants and anti-spasmodics. Topical Baclofen and Cyclobenzaprine are not recommended due to lack of evidence to support their use. Therefore the compounded cream above is not medically necessary.

Naprosyn 500 mg quantity of 100 1Q twice a day PC with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs such as Naprosyn are indicated for osteoarthritis of the knee and hip and chronic back pain after failure of Tylenol. There is insufficient to support its use for carpal tunnel and wrist pain. In addition, there is no documentation of Tylenol failure alone. NSAIDs are intended for short-term use. Pain scale

response is unknown in a month to month basis when refills are ordered for 2 months in advance.
The Naprosyn ordered as above with 2 months refills is not medically necessary.