

Case Number:	CM14-0187678		
Date Assigned:	11/17/2014	Date of Injury:	08/21/2014
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/11/2014

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 injured worker is a 40 year old female with a date of injury noted of August 21, 2014. Results of the injury were from a cumulative trauma beginning August 21, 2013. Body parts affected were the right arm, right wrist, right hand, and right fingers as results of repetitive job duties. Diagnoses include cystic mass of the right wrist and clinical carpal tunnel syndrome. The progress report dated September 30, 2014 showed tenderness to palpation with spasms of the flexor muscles and tenderness to palpation of the radiocarpal joint. There was a positive Carpal Tinel's and Phalan's test. Magnetic resonance imaging scan of the wrist dated October 27, 2014 showed multilobulated T1W hypointense/T2W hyperintense focus adjacent to the palmar aspect of the radiocarpal joint. This may reflect a ganglion cyst. Treatment plans as of September 30, 2014 showed the injured worker on total temporary disability, acupuncture 2 times a week times six weeks, Magnetic resonance imaging scan of the right wrist, ibuprofen, and transdermal compounds. Utilization review dated November 3, 2014 non certified Cyclobenzaprine 2%, Flurbiprofen 25% 180gm and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm due to lack of compliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi TX; Section: Pain (Chronic)

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

Decision rationale: MTUS Guidelines are very specific regarding the recommended use of topical analgesics. The guidelines state that if a single ingredient is not recommended the compound is not recommended. Guidelines specifically state that topical muscle relaxants such as Cyclobenzaprine are not recommended. The Cyclobenzaprine 2%/Flubiprofen 25% 180 gm is not supported by guidelines and is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi TX; Section: Pain (Chronic)

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

Decision rationale: MTUS Guidelines are very specific regarding the recommended use of topical analgesics. The guidelines state that if a single ingredient is not recommended the compound is not recommended. Guidelines specifically state that topical Gabapentin is not recommended. The Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm is not supported by guidelines and is not medically necessary.