

Case Number:	CM14-0189269		
Date Assigned:	11/17/2014	Date of Injury:	04/03/2014
Decision Date:	01/15/2015	UR Denial Date:	10/06/2014
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 and Rehabilitation 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 patient is a 37 year old male with an injury date on 04/03/2014. Based on the 09/17/2014 progress report provided by the treating physician, the diagnosis is: 1.Left Finger 4th Digit Injury. According to this report, the patient complains of 8/10 left ring finger pain with "stabbing, throbbing pain, stiffness, heaviness and numbness, associated with lifting 10 pounds, prolonged or repetitive grabbing / grasping, prolonged or repetitive gripping and prolonged or repetitive squeezing." Physical exam of the finger/hand were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request for Compound Medication: Gabapentin 10%/Dextromethorphan 1-%/Amitriptyline10% in Mexiderm Base, #210 Grams on 10/06/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/15/2014 to 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Gabapentin 10%/Dextromethorphan 1-%/Amitriptyline10% in Mexiderm Base, #210 Grams: 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 Cream Page(s): 111-113.

Decision rationale: According to the 09/17/2014 report, this patient presents with 8/10 left ring finger pain. The current request is for Compound Medication: Gabapentin 10%/Dextromethorphan 1-%/Amitriptyline10% in Mexiderm Base, #210 Grams. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS guidelines further state "Topical gabapentin has no published reports." In this case, Gabapentin is not recommended in a topical formulation. The request is not medically necessary.