

Case Number:	CM14-0192308		
Date Assigned:	11/26/2014	Date of Injury:	10/18/2012
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Pain 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:

This is an injured worker with a date of injury of October 18, 2012. A utilization review determination dated November 7, 2014 recommends noncertification for a topical compound. A progress report dated October 31, 2014 identifies subjective complaints of worsening left carpal tunnel syndrome. The injured worker's right carpal tunnel incision is healing well with aggressive therapy his range of motion is nearly normal. He continues to complain of scar pain and sensitivity and is requesting more Norco. He was given a prescription for scar massaging lotion. He is using a protective splint and anti-inflammatory medication as needed. Diagnoses include carpal tunnel syndrome, pain in the hand, and pain in the forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transderman Scar Formulation Fluticasone 1% Levocetirizine 2% Prilocaine 3% Pentoxifylline 0.5% Gabapentin 15%: Upheld

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

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

Decision rationale: Regarding the request for Transderman Scar Formulation Fluticasone 1% Levocetirizine 2% Prilocaine 3% Pentoxifylline 0.5% Gabapentin 15%, 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." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." 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, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this injured worker, despite guideline recommendations. Additionally, guidelines do not support the use of topical gabapentin. As such, the currently requested Transderman scar formulation Fluticasone 1% Levocetirizine 2% Prilocaine 3% Pentoxifylline 0.5% Gabapentin 15% is not medically necessary.