

Case Number:	CM14-0193682		
Date Assigned:	12/01/2014	Date of Injury:	07/12/2012
Decision Date:	01/16/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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:

Injured worker (IW) sustained an industrial injury on 04/21/11. 06/24/14 office note documented complaints of bilateral wrist pain, as well as mild neck pain. IW was s/p left carpal tunnel release in February. Current medications included tramadol and Prilosec. IW had tried naproxen but swelled up and this medication was stopped. On exam, wrist range of motion was limited. A left wrist MRI showed scar tissue over the carpal tunnel canal and was otherwise unremarkable. Cervical MRI showed 2 mm disc bulges at C3-4, C4-5, and C5-6. Oral medications were renewed and he was also prescribed topical medications. 08/05/14 office note did not mention topical medications. 09/16/14 office note stated that topical medications were helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% 6gms, 30gm cream/Gabapentin 10% 3gms, 30gm cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not recommend topical gabapentin. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended." Because the requested compounded topical medication contains an ingredient not recommended by MTUS, it is not recommended by MTUS. Medical necessity is not established for the requested compounded topical medication.

Cyclobenzaprine 10% 3gms, 30gm cream/Tramadol 20% 6gms, 30gm cream that was provided on 10/28/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not recommend topical muscle relaxants such as cyclobenzaprine. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Because the requested compounded topical medication contains an ingredient not recommended by MTUS, it is not recommended by MTUS. Medical necessity is not established for the requested compounded topical medication.