

Case Number:	CM14-0197500		
Date Assigned:	12/05/2014	Date of Injury:	07/09/2013
Decision Date:	01/22/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old male with a work injury dated 7/9/13. The diagnoses include status post right wrist impaction, crush injury; status post right distal radius open fracture; status post right distal radius fracture; open reduction internal fixation (ORIF); status post right distal ulnar styloid fracture. The surgery included an open reduction internal fixation (ORIF) of the distal radius on 7/9/13 and a right wrist 4 portal arthroscopy with debridement/synovectomy on 4/21/14, an EMG/NCV of the bilateral upper extremities dated 5/21/2014 revealed mild to moderate bilateral carpal tunnel syndrome; mild to moderate sensory bilateral ulnar neuropathy at the wrist level consistent with a bilateral canal of Guyon's entrapment; bilateral chronic active C8-T1 cervical radiculopathy, right side > left side. There is a progress note dated 9/11/14, that states that the patient complained of pain in the right wrist/forearm with numbness/burning from the right forearm to the wrist. On physical examination the patient was unable to extend the right thumb at the metacarpophalangeal (MCP) or interphalangeal (IP) - joint, had decreased intrinsic tightness of the right 4 fingers. There was increased pain of the A1 pulley region of the right thumb, and pain on active/passive range of motion (ROM) of the right thumb in all joints. The plan included an injection, posterior interosseous nerve block, medications (Norco, Cyclobenzaprine, Omeprazole) and creams (Cyclobenzaprine 10%-Gabapentin 10% transdermal cream). The patient had been instructed to remain off work for 6 weeks. The patient had used this cream in the past and stated that there was improvement as a result of it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine/Gabapentin DOS 9/1//14: 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 Topical Analgesics Page(s): 1111-113.

Decision rationale: The retrospective request for Cyclobenzaprine/Gabapentin DOS 9/1/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in 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. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend topical Cyclobenzaprine Therefore, the request for Cyclobenzaprine/Gabapentin DOS 9/1/14 is not medically necessary.