

Case Number:	CM14-0198580		
Date Assigned:	12/08/2014	Date of Injury:	02/04/2014
Decision Date:	01/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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:

This individual is a 49 year old male who has developed persistent right upper extremity problems subsequent to an injury on 2/14/14. He has been diagnosed with a mild carpal tunnel syndrome and trigger finger. He has complaints of generalized pain involving the wrist and hand. MRI studies of the hand and wrist were without evidence of acute or chronic injury. Electrodiagnostic studies revealed mild sensory nerve slowing of the median nerve. He has been treated with acupuncture, chiropractic, and physical therapy. In addition he is prescribed Naprosyn, Tramadol, and compounded topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription 240GM NPC1 - Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%:
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: The MTUS Guidelines are very specific in stating that if a topical ingredient is not Guideline or FDA approved for topical use any compound utilizing that ingredient is not

recommended. Topical Gabapentin and Amitriptyline are not supported by Guidelines. The 240GM NPC1 - Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% is not medical necessary.

1 Prescription 240GM MPHCC1 - Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%: 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: The MTUS Guidelines are very specific in stating that if a topical ingredient is not Guideline or FDA approved for topical use any compound utilizing that ingredient is not recommended. Guidelines do not support the use of either topical Flurbiprofen or Baclofen. There are no unusual circumstances to justify an exception to the Guidelines. The 240GM MPHCC1 - Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% is not medically necessary.