

Case Number:	CM14-0198736		
Date Assigned:	12/09/2014	Date of Injury:	09/04/2014
Decision Date:	02/11/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for wrist pain, hand pain, generalized anxiety disorder, and major depressive disorder (MDD) reportedly associated with an industrial injury of September 4, 2014. In a Utilization Review Report dated October 21, 2014, the claims administrator denied a topical compounded drug. The claims administrator referenced the MTUS Chronic Pain Medical Treatment Guidelines in its determination, despite the fact that this was not a chronic pain case as of the date of the request. The applicant's attorney subsequently appealed. In an RFA form dated October 15, 2014, the attending provider dispensed a gabapentin-containing topical compound, a flurbiprofen-containing topical compound, Naprosyn, Protonix, Neurontin, and Xanax. Stated diagnoses included bilateral carpal tunnel syndrome, psychological stress, and depression. In an associated progress note of October 15, 2014, the applicant reported bilateral hand and wrist pain, anxiety, and depression, reportedly attributed to cumulative trauma at work. Positive Tinel and Phalen signs were noted at the wrist. Urine drug testing was performed. Physical therapy was ordered. The applicant's work status was not clearly furnished. As noted previously, Naprosyn, Protonix, Neurontin, and Xanax were dispensed, in addition to the topical compound at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine 5% compounded cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): table 3-1, pages 49, 47..

Decision rationale: 1. No, the gabapentin-amitriptyline-bupivacaine topical compound was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the gabapentin-containing compound at issue are deemed "not recommended." Here, the applicant's concomitant provision with prescriptions for what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as Naprosyn and Neurontin effectively obviated the need for the topical compounded agent at issue. Therefore, the request was not medically necessary.