

Case Number:	CM14-0198745		
Date Assigned:	12/08/2014	Date of Injury:	05/10/2013
Decision Date:	01/22/2015	UR Denial Date:	11/07/2014
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:

The injured worker is a 49 year old male who was injured on 5/10/13 when he fell down a ramp 7-8 feet high and broke his fall with his outstretched hand resulting in immediate left hand pain. He underwent an open reduction/internal fixation of the left radius fracture on 5/13/13 for displaced comminuted intrarticular fracture of the left distal radius. EMG on 10/2/13 showed multilevel radiculopathy on left upper extremity and peripheral neuropathy of the left ulnar motor and sensory nerves. According to 5/13/14 follow-up for left wrist pain, stiffness and numbing, the patient is diagnosed with bilateral carpal tunnel syndrome and left hand pain. On physical exam he had decreased grip strength, reduced left wrist range of motion and positive Tinel, Durkan, and Prayer test on left side. Plan is to continue with tramadol, naproxen and methoderm. Plan is to also proceed with a left carpal tunnel decompression. MRI of the right wrist on 5/20/14 showed osteoarthritis and a ganglion cyst. Follow-up with hand specialist on 8/19/14, left wrist pain is unchanged and there are no significant changes in physical exam findings. He underwent a left carpal tunnel decompression on 9/14/14. According to physical therapy interim note on 10/17/14 the patient has 9/10 left wrist pain with decreased strength, decreased median nerve sensation and point tenderness on palpation during exam. According to 10/28/14 follow-up the patient reports 8/10 left wrist pain. On exam he has decreased grip strength and positive Phalen's and Tinel's test on the right hand. Plan is to request compound analgesic cream including Amantadine 8% Baclofen 2% Cyclobenzaprine 2% Gabapentin 6% Lidocaine 4% and Flurbiprofen 10% Gabapentin 6% Lidocaine 4% Baclofen 2% Cyclobenzaprine 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amantadine 8% Baclofen 2% Cyclobenzaprine 2% Gabapentin 6% Lidocaine 4%:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time.

Flurbiprofen 10% Gabapentin 6% Lidocaine 4% Baclofen 2% Cyclobenzaprine 2%:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Gabapentin is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time.

Flurbiprofen 10% Cyclobenzaprine 2% Lidocaine 4% Baclofen 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time.