

Case Number:	CM14-0198907		
Date Assigned:	12/09/2014	Date of Injury:	05/12/2011
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 54 year old female with the injury date of 05/11/08. Per physician's report 10/14/14, the patient has pain in both of her elbows and wrists at 7-8/10 without medication and 2-3/10 with medication. The patient reports experiencing significant burning and aching of the wrists, the 4th and 5th fingers all the way to the elbows. The patient is taking Tramadol, Naproxen, Norco and Gabapentin. With medication the patient is able to do housework and shopping. The urine drug screen on 07/23/14 has consistent findings with medication. The lists of diagnoses are: 1) Forearm tendonitis 2) Wrist tendonitis 3) Elbow tendonitis 4) s/p bilateral carpal tunnel release 2011 and 2012 with persistent symptoms 5) Bilateral cubital tunnel release 2013 with persistent symptoms 6) Myalgia 7) Chronic pain syndrome 8) EMG of bilateral upper extremity from 08/26/14 within normal limit The provider requested topical compound cream (8% Amantadine, 1% Bupivacaine, 2% Diltiazem, 4% DMSO, 3% Doxepin, 6% Gabapentin, 5% Orphenadrine, 3% Pentoxifylline, 2% Topiramate) 120g "to see if this can help decrease her upper extremity pain." Per 09/16/14 progress report, the patient continues to have aching of wrists, forearms and elbows with numbness and tingling sensations, at 7-8/10 without medication and 1-3/10 with medication. The patient states that "Tramadol ER provides significant relief." Per 08/26/14 progress report, the patient has bilateral upper extremity pain at 7-9/10 without medication and 2-3/10 with medication. "The patient was unable to tolerate Cymbalta because this medication made her feel very anxious." "The combinations of Nucynta, Gabapentin, Norco and Naproxen have been helpful without side effects but she continues to struggle with pain." The utilization review determination being challenged is dated on 10/28/14. Treatment reports were provided from 04/28/14 to 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Medication (Amantidine, Bupivacaine, Diltiazem, Doxepin, Gabapentin, Orphenadrine, Topiramate, Pentoxifylline, Versatile Cream Base, Dimethyl Sulfoxide, Propylene Glycol and Ethyl Alcohol): 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 creams Page(s): 111.

Decision rationale: The patient presents with pain in her elbows and wrists. The patient is s/p bilateral carpal tunnel releases and bilateral cubital tunnel releases. The request is for topical compound medical cream (8% Amantadine, 1% Bupivacaine, 2% Diltiazem, 4% DMSO, 3% Doxepin, 6% Gabapentin, 5% Orphenadrine, 3% Pentoxifylline, and 2% Topiramate) 120g. The provider requested this topical cream to see if this can help decrease her upper extremity pain. MTUS guidelines do not recommend Gabapentin as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical gabapentin, the request is not medically necessary.