

Case Number:	CM15-0003827		
Date Assigned:	01/14/2015	Date of Injury:	08/18/2009
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who reported an injury on 08/18/2009. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of wrist sprain/strain, carpal tunnel syndrome, right wrist sprain/strain, elbow sprain/strain, rotator cuff syndrome, shoulder sprain/strain, and insomnia. Past medical treatments consists of medication therapy. Medications consist of topical analgesia. No UAs or drug screens were submitted for review. On 12/04/2014, the injured worker was seen on followup appointment where she complained of wrist pain, elbow pain, and right shoulder pain. The injured worker rated the pain at 7/10. Physical examination noted that grip strength performed using the Jamar dynamometer revealed findings of 0/0/0 pounds of force on the right and 5/5/10 pounds force on the left. Tenderness was noted over the right shoulder with decreased range of motion. Tenderness was noted over the right elbow with decreased range of motion. Tenderness was noted over the wrist with decreased range of motion. Medical treatment plan was for the injured worker to continue with medication therapy and undergo EMG/NCV of the upper extremities. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin cream 180mg, quantity 1: 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): 111.

Decision rationale: The request for gabapentin cream 180mg, quantity 1 is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Guidelines note that gabapentin is not recommended for topical application. As the guidelines do not recommend the use of gabapentin for topical application, the medication would not be indicated. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it was helping with any functional deficits the injured worker might have had. Furthermore, it is unclear how the injured worker would not benefit from oral medications versus topical analgesics. Given that there are no other significant factors provided to justify the use outside of current guidelines, the request would not be medically necessary.

Cyclobenzaprine cream 180mg, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The request for Cyclobenzaprine cream is not medically necessary. The California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The submitted documentation did not indicate the efficacy of the medication, nor was there evidence of muscle spasm. Given that there were no other significant factors provided, the request would not be indicated. As such, the request is non-certified.