

Case Number:	CM15-0009140		
Date Assigned:	01/27/2015	Date of Injury:	03/04/2013
Decision Date:	03/16/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 3/4/2013. She has reported injury to right thumb, status post trigger thumb release 4/14/14. The diagnoses have included tendonitis of the right thumb with trigger thumb. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, occupational therapy, and cortisone injection to metacarpophalangeal joint. On August 25, 2014, the IW complains of constant pain in the right thumb, rated 6-9/10 VAS with weakness. Physical examination documented tenderness and decreased grip strength of the right hand. November 19, 2014, continuation of complaints of the pain in the thumb led to discussion of scheduling a fusion of the thumb MP joint due to failure to make improvement with anti-inflammatory medication, physical therapy, splints, activity modification, and surgical release of the A1 pulley. The plan of care included continuation of Relafen, Prilosec, Lunesta, Tramadol, Cyclobenzaprine and compound cream as ordered and a fusion of the thumb. On 1/10/2015 Utilization Review non-certified a retrospective review for Prescription drug, generic, dispensed 11/19/14, detailed as topical compound including Flurbiprofen/Gabapentin/Cyclobenzaprine, noting the topical compound medication are not medically necessary per evidence-based guidelines. The MTUS Guidelines were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of Prescription drug, generic, detailed as topical compound including Flurbiprofen/Gabapentin/Cyclobenzaprine dispensed 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compound cream Flurbiprofen 20%, Gabapentin 10%, Cyclobenzaprine 10% 30gm for DOS 11/19/2014: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants and Gabapentin are not recommended due to lack of scientific evidence. Since, the claimant was prescribed a compound containing Gabapentin and Cyclobenzaprine, the compound in question is not medically necessary.