

Case Number:	CM15-0109402		
Date Assigned:	06/16/2015	Date of Injury:	09/27/2012
Decision Date:	08/06/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male who sustained an industrial injury on 9/27/12. Primary treating physician's progress report dated 4/8/15 reports post surgery for 5th finger with residual sharp pain. The pain is frequent and constant, rated 5/10. The pain is aggravated by gripping, grasping, reaching, pulling and lifting. He also has complaints of weakness and numbness in his hands and fingers. Symptoms persist but are relieved by medication and rest. Diagnoses include: right wrist sprain/strain, status post right little finger ligament tear, status post surgery, mood disorder, anxiety disorder and sleep disorder. Plan of care includes: continue medications, continue physical therapy for the right finger 3 times per week for 6 weeks, and continue aquatic pool treatment 3 times per week for 6 weeks and terocine patches are requested for pain relief. Work status is remain off work until 5/13/15. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine, Gabapentin, Amitriptyline: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in September 2012 and continues to be treated for right wrist, hand, and fifth finger pain. When seen, pain was rated at 5/10. There was a fifth finger mallet deformity. There was tenderness over the surgical scar. There was normal range of motion. There was decreased right upper extremity strength. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. There is little to no research to support the use of compounded topical Amitriptyline. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The requested compounded medication was not medically necessary.

Cyclobenzaprine, Flurbiprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in September 2012 and continues to be treated for right wrist, hand, and fifth finger pain. When seen, pain was rated at 5/10. There was a fifth finger mallet deformity. There was tenderness over the surgical scar. There was normal range of motion. There was decreased right upper extremity strength. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.