

Case Number:	CM15-0135088		
Date Assigned:	07/23/2015	Date of Injury:	01/02/2008
Decision Date:	08/20/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old female sustained an industrial injury to the wrists, hands and fingers via repetitive trauma on 1/2/08. The injured worker later developed neck, shoulder and back pain. Previous treatment included right carpal tunnel release, physical therapy, bracing and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 4/25/15, the physician noted that the injured worker was frustrated while awaiting treatment. The injured worker was requesting medications. Physical exam was remarkable for left hand with positive Phalen's test and lumbar spine with painful range of motion and tenderness to palpation. The physician noted that the injured worker had been recommended for left carpal tunnel release surgery. Current diagnoses included neck sprain/strain. The treatment plan included refilling medications and transdermal creams (Gabapentin 10%-Lidocaine 5% 180gm and Baclofen 2%-Flurbiprofen 5%-L Carnitine 15% 180 Gm).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%-Lidocaine 5% 180gm dispensed quantity 1.00: 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): 111-113.

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Lidocaine: Only recommended for neuropathic pain. The only FDA approved formulation of topical lidocaine is Lidoderm. There is no documentation on where this is to be used, failure of 1st line medication and why there is a need to use a compounded substance when FDA approved formulations are available. Not recommended. 3) Gabapentin: Gabapentin is an anti-epileptic. It is not FDA approved for topical application. As per MTUS guidelines it is not recommended with no evidence to support its use as a topical product. It is not recommended. Since all components of the compound is not medically necessary, the compounded product requested is not medically necessary.

Baclofen 2%-Flurbiprofen 5%- L Carnitine 15% 180 Gm dispensed quantity 1.00: 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): 111-113.

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen is a Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Baclofen is not FDA approved for topical applications. There is no evidence to support its use topically. Use of a non-FDA approved product for unknown purpose is not recommended. 3) L-carnitine is a supplement. There is no evidence to support its use topically. It is unclear how or why the provider believes that an oral supplement will somehow be absorbed topically. This non-evidence based compounded product is not medically necessary.