

Case Number:	CM15-0138133		
Date Assigned:	07/28/2015	Date of Injury:	06/29/2014
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 43-year-old male sustained an industrial injury to the pisiform on 6/29/14. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included injections and medications. In a progress report dated 6/10/15, the injured worker complained of pain to the pisiform associated with some swelling. The injured worker had had significant improvement and returned to full duty, but the pain was now worsening. The injured worker reported having pain with pressure on the area. Physical exam was remarkable for tenderness to palpation at the pisiform with intact sensation, range of motion, stability and strength. Current diagnoses included flexor carpi radialis tendonitis. The physician recommended topical anti-inflammatory medication given the focal nature of his pain. The treatment plan included compound medication: Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6%, 120gms with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Gabapentin 6%, 120gms with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical compounded medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This claimant was injured in 2014. As of June 2015, there was pain to the pisiform associated with some swelling. The claimant returned to full duty. The physician recommended topical anti-inflammatory medication given the focal nature of his pain. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.