

Case Number:	CM15-0142964		
Date Assigned:	08/03/2015	Date of Injury:	05/05/2015
Decision Date:	09/04/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: 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 37 year old male, who sustained an industrial injury on 5-5-15. The injured worker has complaints of bilateral shoulder, bilateral elbow, bilateral forearm, bilateral wrist, bilateral knee, bilateral ankle, upper and lower back pain, left greater than right. The documentation noted mild tenderness at the acromioclavicular joint, anterior labrum and upper trapezius on the right and mild tenderness at the acromioclavicular joint, anterior labrum and upper trapezius on the left. There is tenderness at the left wrist. The diagnoses have included thoracic spine sprain and strain; lumbar spine sprain and strain and rule out lumbar spine degenerative disc and joint disease. Treatment to date has included physiotherapy, vicodin, Hydrocodone; X-rays showed a healing fracture to proximal ulnar bone and rib 8 fracture healing well. The request was for (Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2%) bilateral wrists and Flurbiprofen 20% bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGIce (Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2%) Bilateral Wrists:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The 37 year old patient complains of bilateral shoulder pain rated at 6/10; bilateral forearm, wrist and elbow pain, rated at 8/10; upper and lower back pain rated at 6/10; bilateral knee pain rated at 5/10; ad bilateral ankle pain rated at 4/10; as per progress report dated 06/25/15. The request is for TGIce (TRAMADOL 8% GABAPENTIN 10% MENTHOL 2% CAMPHOR 2%) BILATERAL WRISTS. The RFA for this case is dated 06/25/15, and the patient's date of injury is 05/05/15. The patient also suffers from sleep issues, headaches and anxiety, as per progress report dated 06/25/15. Diagnoses included thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral wrist sprain/strain, bilateral shoulder sprain/strain, bilateral ankle sprain/strain, r/o lumbar spine degenerative disc disorder, s/p contusion to the left rib cage, s/p bilateral knee contusion, insomnia, anxiety, stress and depression. The patient is using Vicodin for pain relief and is temporarily totally disabled, as per the same progress report. MTUS guidelines on page 111, state that Gabapentin: Not recommended. There is no peer-reviewed literature to support use. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request for TGIce cream is noted in progress report dated 06/25/15. The treater states that the topical medication is being prescribed for pain. However, TGIce contains Gabapentin which is not recommended in topical form. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.

Flurbiprofen 20% Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The 37 year old patient complains of bilateral shoulder pain rated at 6/10; bilateral forearm, wrist and elbow pain, rated at 8/10; upper and lower back pain rated at 6/10; bilateral knee pain rated at 5/10; ad bilateral ankle pain rated at 4/10; as per progress report dated 06/25/15. The request is for FLURBIPROFEN 20% BILATERAL WRISTS. The RFA for this case is dated 06/25/15, and the patient's date of injury is 05/05/15. The patient also suffers from sleep issues, headaches and anxiety, as per progress report dated 06/25/15. Diagnoses included thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral wrist sprain/strain, bilateral shoulder sprain/strain, bilateral ankle sprain/strain, r/o lumbar spine degenerative disc disorder, s/p contusion to the left rib cage, s/p bilateral knee contusion, insomnia, anxiety, stress and depression. The patient is using Vicodin for pain relief and is temporarily totally disabled, as per the same progress report. The MTUS guidelines, page 111, do not support the use of topical

NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the request for Flurbiprofen cream is noted in progress report dated 06/25/15. The treater states that the topical medication is being prescribed for inflammation. The patient does suffer from wrist pain. However, there is no diagnosis of arthritis or tendinitis for which topical NSAIDs are recommended. Hence, the request is not medically necessary.