

Case Number:	CM15-0160149		
Date Assigned:	08/26/2015	Date of Injury:	05/10/2012
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 5-10-2012. Diagnoses include cervicgia and trigger finger status post release. Treatment to date has included right ring trigger release (12-05-2014), and medications. Per the Primary Treating Physician's Progress Report dated 3-12-2015, the injured worker reported cervical spine pain with radiation to the upper extremities and associated headaches as well as tension between the shoulder blades. She rates the pain in her cervical spine as 8 out of 10 on a subjective scale. She also reported intermittent pain in the right ring finger rated as 4 out of 10 and improving. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Range of motion was limited with pain. Examination of the wrist and hand revealed tenderness over the volar aspect of the ring A1 pulley with full but painful range of motion. The plan of care included refills of medications, acupuncture, chiropractic care, physiotherapy, and referral to a pain management specialist. Authorization was requested for Flurbiprofen - Capsaicin cream, and Lidocaine - Gabapentin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluribiorifen/Capsaic 10%/0.025% Cream Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111 of 127.

Decision rationale: This claimant was injured in 2012 with cervicgia and trigger finger status post release. There continues to be cervical and hand pain. There is no mention however of gastrointestinal intolerance to oral medicine, or objective functional improvements out of prior usage of this substance. 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. The request is appropriately non-certified.

Lidocaine/Gabapentin 5%/10% Gel Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111 of 127.

Decision rationale: As shared previously, this claimant was injured in 2012 with cervicgia and trigger finger status post release. There continues to be cervical and hand pain. There is no mention of gastrointestinal intolerance to oral medicine, or the functional improvement outcomes out of prior usage of this substance. 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 have 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 non-certified.