

Case Number:	CM15-0164520		
Date Assigned:	09/01/2015	Date of Injury:	02/24/2009
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on 2-24-09. In an orthopedic hand surgery specialist progress report dated 3-26-15, the physician reports subjective complaints per the injured worker as unable to grip, soreness of right wrist, numbness of right hand, and some pain in the left palm. The physical exam is noted as unchanged. Diagnoses are right carpal tunnel syndrome status post cortisone injection, right deQuervain's disease, right thumb stenosing tenosynovitis status post Cortisone injection, left thumb tendinitis A-1 pulley without triggering, bilateral basal joint degenerative traumatic arthritis, left carpal tunnel median neuritis, status post right carpal tunnel release flexor tenosynovectomy; release first dorsal compartment 12-1-10, status post left carpal tunnel release; resection anomalous band across median nerve; wrist flexor tenosynovectomy 6-29-11, status post cervical spine surgery C4-C5-C6 9-17-13, status post right shoulder surgery x3, status post right carpal tunnel release re-exploration; flexor tenolysis 9-24-14, and right long finger stenosing tenosynovitis. The assessment is to complete the functional capacity evaluation, proceed with completing electrodiagnostic study, and that this injured worker will not be able to return back to performing his usual and customary duties. Work status is that he is on disability. Medications are Eszopiclone, Tramadol ER, Cyclobenzaprine, Omeprazole and transdermal cream. It is noted that his history indicates a successful outcome from prior use of the transdermal compound prescribed for non-steroidal anti-inflammatory drug and-or pain relief. The requested treatment is retrospective Cyclobenzaprine 12 grams-Gabapentin 12 grams-Flurbiprofen 30 grams (date of service 3-3-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 12GM/Gabapentin 12GM/Flurbiprofen 30GM (DOS: 03/03/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medication, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the claimant was also taking oral opioids and muscle relaxants. Since the compound above contains these topical medications, the Cyclobenzaprine 12GM/Gabapentin 12GM/Flurbiprofen is not medically necessary.