

Case Number:	CM15-0169285		
Date Assigned:	09/10/2015	Date of Injury:	02/23/2013
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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, Massachusetts

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 26 year old female, who sustained an industrial injury on 2-23-2013. The mechanism of injury was repetitive injuries. The injured worker was diagnosed as having right wrist de Quervain's disease, right wrist pain, right wrist sprain-strain and right wrist tenosynovitis. A recent progress report dated 5-4-2015, reported the injured worker complained of right wrist pain rated 7 out of 10 with associated tingling. Pain was aggravated by cold weather, movement, grasping, gripping, squeezing, pushing and pulling. Physical examination revealed 4 out of 5 right wrist motor strength, decreased painful range of motion of the right wrist, forearm muscle spasm and wrist tenderness to palpation. Phalen's and Finkelstein's test were positive. Right hand magnetic resonance imaging was noted as unremarkable. A Sudoscan showed normal skin conductance. Treatment to date has included physical therapy and medication management. On 7-31-2015, the Utilization Review noncertified the 1 compound medication (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%) 180 grams and 1 compound medication (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%) 180 grams. The Utilization Review cited MTUS Chronic pain guidelines and stated the lack of evidence the injured worker tried and failed recommended oral medications to support the medical necessity of a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound medication (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine and gabapentin is not recommended as a compounded agent as it can be safely taken orally. Consequently, continued use of the above listed compounded agent is not medically necessary at this time.

1 compound medication (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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