

Case Number:	CM15-0181709		
Date Assigned:	09/23/2015	Date of Injury:	10/27/2011
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/15/2015

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 63 year old male, who sustained an industrial injury on 10-27-11. Medical records indicated the injured worker is undergoing treatment for right lateral epicondylitis (status post cortisone injection 1-8-15), right ulnar neuritis, right de Quervain's disease (status post cortisone injection 12-18-14), right carpal tunnel syndrome (status post cortisone injection 1-22-15), right ulnar neuropathy and status post right carpal tunnel release, wrist flexor tenosynovectomy (release 1st dorsal compartment on 7-9-15). Treatment to date has included right carpal tunnel release, occupational therapy, activity restrictions and transdermal pain medications and scar cream. Currently on 8-6-15, the injured worker reports improved numbness and tingling of right hand-fingers, improved range of motion of right thumb, pain in right wrist incision area, swelling of right forearm and numbness of the left ring and little fingers. He is currently disabled. Physical exam performed on 8-6-15 revealed carpal tunnel release well healing scar, slight moderate edema around palmar region, improving range of motion of fingers, almost complete flexion with moderate pain with forced flexion and modest amount of movement of right thumb. The treatment plan included occupational therapy and transdermal scar cream. On 9-11-15, utilization review non-certified a request for Fluticasone 1%, Levocetirizine 2%, Pentoxifylline 0.50%, Prilocaine 3%, Gabapentin 15%, apply 1-3 grams to the affected area 3-4 times daily, quantity: 150 grams noting guidelines state if a component of a topical preparation is not warranted, the entire preparation is not clinically indicated; and there is no indication that Gabapentin would facilitate wound healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar Cream: Fluticasone 1%, Levocetirizine 2%, Pentoxifylline 0.50%, Prilocaine 3%, Gabapentin 15%, apply 1-3 grams to the affected area 3-4 times daily, quantity: 150 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: The patient presents on 08/06/15 with right hand and wrist pain. The patient's date of injury is 10/27/11. Patient is status post right carpal tunnel release, wrist flexor tenosynovectomy, and first dorsal compartment release on 07/09/15. The request is for Scar Cream: Fluticasone 1%, Levocetirizine 2%, Pentoxifylline 0.50%, Prilocaine 3%, Gabapentin 15%, apply 1-3 grams to the affected area 3-4 times daily, quantity 150 grams. The RFA is dated 08/06/15. Physical examination dated 08/06/15 reveals a well healing surgical incision, moderate edema around the palmar region, improving range of motion, and moderate pain elicitation with forced flexion of the wrist. The patient's current medication regimen is not provided. Patient is currently classified as disabled. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical compounded creams on pg 111, guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded scar cream containing Fluticasone, Levocetirizine, Pentoxifylline, Prilocaine, and Gabapentin, the requested cream is not supported by MTUS guidelines. Per addendum dated 08/06/15, the provider states the following: "Maintains a moist environment at the application site. The objective of wound management is to provide conditions that will maintain most wound environment which allows for optimal healing..." MTUS guidelines do not provide support for Gabapentin in topical formulations owing to a lack of peer-reviewed literature demonstrating efficacy. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.