

Case Number:	CM15-0183727		
Date Assigned:	09/24/2015	Date of Injury:	02/10/2015
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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 42-year-old male, who sustained an industrial injury on 2-10-15. Current diagnoses or physician impression include left hand gamekeepers thumb and right hand digital nerve 5th metacarpal. His work status is temporary total disability. A report dated 6-26-15 reveals the injured worker presented with complaints of left thumb stiffness and sensitivity. A physical examination dated 6-26-15 revealed left thumb "laxity, UCL, RCL healed" and one on 5-22-15 revealed "mild peripheral spurring distal interphalangeal joint 4th-5th digits, gamekeeper's thumb, ulnar collateral ligament, cannot grip". Treatment to date has included thumb Spica brace and surgical intervention. Diagnostic studies to date include an MRI (2015). A request for authorization dated 8-6-15 for Flurbiprofen cream 20% 30 grams (Lidocaine and Versapro base), Gabapentin Cream 10% 30 grams (Amitriptyline, Capsaicin and Versapro base) and Cyclobenzaprine cream 10% 30 grams (Lidocaine and Versapro), all with a retrospect date of service of 7-30-15, are denied due to lack of documentation that the compounds were ordered, prescribed, dispensed or requested on or shortly prior to 7-30-15, per Utilization Review letter dated 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen 20% 30 Gram Cream (Incl Lidocaine And Verapro Base Cr) DOS: 7/30/2015: 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 the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also provided multiple other topical medications without justification. The Flurbiprofen prescribed on 7/30/15 is not medically necessary.

Retro Gabapentin 10% 30 Gram Cream (Incl Amitriptyline, Capsaicin & Versapro Base Cr) #1, DOS: 7/30/2015: 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 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 anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was also provided multiple other topical medications without justification. Since the compound above contains these topical medications, the topical Gabapentin in question prescribed on 7/30/15 is not medically necessary.

Retro Cyclobenzaprine 10% 30 Gram Cream (Incl. Lidocaine & Versapro Base cr) # 1, DOS: 7/30/2015: 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 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 anti-depressants and anti-convulsants 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 are not recommended due to lack of evidence. The claimant was also provided multiple other topical medications without justification. Since the compound above contains these topical medications, the topical Cyclobenzaprine in question prescribed on 7/30/15 is not medically necessary.