

Case Number:	CM15-0183907		
Date Assigned:	09/24/2015	Date of Injury:	01/23/2014
Decision Date:	11/12/2015	UR Denial Date:	08/15/2015
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: Pennsylvania, Ohio, 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 45 year old female, who sustained an industrial injury on 1-23-2014. The injured worker is undergoing treatment for right shoulder impingement without rotator cuff tear, right wrist de Quervain release in 2004, right wrist small dorsal ganglion cyst with partial tear of the TFCC and evidence of ulnar impaction syndrome, left hand middle and ring trigger fingers status post release in August 2014. On 2-19-15, she reported right wrist and neck pain. She reported that physical therapy was helping. On 5-15-15, she reported right wrist and hand pain. She indicated the left hand was better. Physical examination revealed tenderness and decreased range of motion of the right wrist, and improved left hand range of motion with no triggering noted of the finger. The treatment and diagnostic testing to date has included magnetic resonance imaging of the right wrist (3-2-15), magnetic resonance imaging of the right shoulder (3-12-14), physical therapy, medications, trigger finger release (2014), electrodiagnostic studies, and thumb splinting. Medications have included Diclofenac 100mg and topical cream. Current work status: temporarily total disabled. The request for authorization is for: Baclofen-cyclobenzaprine-gabapentin-flurbiprofen-lidocaine. The UR dated 8-15-2015: non-certified the request for Baclofen-cyclobenzaprine-gabapentin-flurbiprofen-lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications Baclofen/Cyclobenzaprine/Gabapentin/Flurbiprofen/Lidocaine dispensed on 6/29/15: 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: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover the component ingredients Baclofen, Cyclobenzaprine, and Gabapentin are each specifically non-recommended for topical use per MTUS. This request is not medically necessary.