

Case Number:	CM15-0185013		
Date Assigned:	09/25/2015	Date of Injury:	05/31/2013
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of May 31, 2013. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve requests for Tylenol No. 3 and several topical compounded agents. The claims administrator referenced an RFA form received on September 1, 2015 and an associated progress note of August 21, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 21, 2015 office visit, the applicant reported ongoing complaints of hand, wrist, and finger pain. The attending provider sought authorization for multiple procedures, including a tenosynovectomy and multiple tendon sheath injections. The applicant had received multiple prior corticosteroid injections, it was acknowledged, and had also undergone a carpal tunnel release procedure. The note was difficult to follow and mingled historical issues with current issues. The applicant was given a 30-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place. Cyclobenzaprine, Tylenol No.3, Zofran, Prilosec, and the topical compounds in question were prescribed and/or dispensed. The applicant was or was not working at this point, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240gm: 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: No, the request for an Amitriptyline-Gabapentin-Bupivacaine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in a cream base 240gm: 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: Similarly, the request for a Flurbiprofen-Baclofen-Dexamethasone containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tylenol #3, #90: 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): Opioids, criteria for use.

Decision rationale: Finally, the request for Tylenol No. 3, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or

reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on the August 21, 2015 office visit at issue. It did not appear, however, the applicant was working as of that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tylenol No. 3 usage. Therefore, the request was not medically necessary.