

Case Number:	CM15-0188158		
Date Assigned:	09/30/2015	Date of Injury:	01/17/2014
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial-work injury on 1-17-14. A review of the medical records indicates that the injured worker is undergoing treatment for left hand surgery. Medical records dated 7-8-15 indicate that the injured worker complains of intermittent left hand pain and the injured worker reports that physical therapy helps and he continues to go weekly. Per the treating physician report dated 7-8-15 the injured worker has not returned to work. The physical exam dated 7-8-15 reveals that there is +2 tenderness of the left hand. The sensation is intact to light touch on the left index, left dorsal thumb and left small tip. There were several documents within the submitted medical records that were difficult to decipher. The current medications are not listed. Treatment to date has included pain medication, surgery for open wound of left hand 1-17-14, Gabapentin cream, Cyclobenzaprine cream and Flurbiprofen cream since at least 3-18-15, physical therapy and other modalities. The treating physician indicates that the urine drug test result dated 3-12-15 was inconsistent with the medication prescribed and the urine drug screen dated 11-13-14 was consistent with the medications prescribed. The requested services included Gabapentin 10% 30gm cream #1, Cyclobenzaprine 10% 30gm cream #1 and Flurbiprofen 20% quantity 30 grams cream #1. The original Utilization review dated 8-27-15 non-certified the request for Gabapentin 10% 30gm cream #1, Cyclobenzaprine 10% 30gm cream #1 and Flurbiprofen 20% quantity 30 grams cream #1 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% 30gm cream #1: 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 claimant sustained a work injury in January 2014 and underwent surgery for an open hand wound. He continues to be treated for chronic pain. When seen, he was getting better. He was trying to think less about pain. Physical examination findings were unchanged with the previous examination which documented left hand tenderness with intact sensation. Authorization is being requested for topical compounded creams. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other topical treatments with generic availability that could be considered. This medication is not considered medically necessary.

Cyclobenzaprine 10% 30gm cream #1: 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 claimant sustained a work injury in January 2014 and underwent surgery for an open hand wound. He continues to be treated for chronic pain. When seen, he was getting better. He was trying to think less about pain. Physical examination findings were unchanged with the previous examination which documented left hand tenderness with intact sensation. Authorization is being requested for topical compounded creams. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other topical treatments with generic availability that could be considered. This medication is not considered medically necessary.

Flurbiprofen 20% quantity 30 grams cream #1: 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 claimant sustained a work injury in January 2014 and underwent surgery for an open hand wound. He continues to be treated for chronic pain. When seen, he was getting better. He was trying to think less about pain. Physical examination findings were unchanged with the previous examination which documented left hand tenderness with intact sensation. Authorization is being requested for topical compounded creams. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. The claimant has not had a trial of topical Diclofenac and this medication is not considered medically necessary.