

Case Number:	CM15-0192243		
Date Assigned:	10/06/2015	Date of Injury:	07/15/2011
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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 41 year old female, who sustained an industrial injury on 7-15-2011. The injured worker was being treated for entrapment neuropathy upper limb, hand pain, carpal tunnel syndrome, and tendinitis. Medical records (7-14-2015 to 8-13-2015) indicate ongoing bilateral wrist pain, which is constant. Associated symptoms include numbness, tingling, weakness, dropping things often, and difficulty opening a jar. The medical records show the subjective pain rating of 1 out of 10 with medications and 8 out of 10 without medications on 7-17-2015 and 5 out of 10 with medications and 5 out of 10 without medications on 8-13-2015. The injured worker reported her quality of life is improved with her medications and trying to stay active. She reported the ability to do light housekeeping, cooking, all hygiene activities of daily living, and function socially when her pain is better controlled. The physical exam (7-14-2015 to 8-13-2015) of the of the wrists revealed restricted palmar flexion of 45 degrees and dorsiflexion of 30 degrees, negative Tinel's and Phalen's signs, tenderness to palpation, pain over the dorsal aspect of the hands and wrists up to the elbows (lateral epicondyle). There was decreased sensation in the median nerve distribution of both hands. Diagnostic studies were not included in the provided medical records. Surgeries to date have included carpal tunnel releases. Treatment has included physical therapy, a home exercise program, and medications including topical pain (Menthoderm 15-10%) and non-steroidal anti-inflammatory. The requested treatments included Gabapentin, Tetracaine, Baclofen, Cyclobenzaprine, Diclofenac, base topical compound analgesic. On 9-17-2015, the original utilization review non-certified a request for Gabapentin, Tetracaine, Baclofen, Cyclobenzaprine, Diclofenac, base topical compound analgesic #240-20 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin, Tetracaine, Baclofen, Cyclobenzaprine, Diclofenac, base topical compound analgesic #240/20 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 antidepressants and anticonvulsants 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 and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, topical Diclofenac is indicated for arthritis for short-term use. The claimant did not have arthritis. In addition, the claimant was on other topical analgesics in the past. Long-term uses of topicals are not indicated. Since the compound above contains these topical medications, the Gabapentin, Tetracaine, Baclofen, Cyclobenzaprine, Diclofenac is not medically necessary.