

Case Number:	CM15-0195781		
Date Assigned:	10/09/2015	Date of Injury:	03/15/1985
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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, Illinois

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 injured worker is a 63 year old female, who sustained an industrial injury on 11-2-2010. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome with release, epicondylitis and bilateral basal joint degenerative traumatic arthritis. Medical records dated 8-11-2015 indicate the injured worker complains of neck, shoulder, back arm, leg, wrist and hand pain with difficulty grasping and holding objects. Physical exam dated 8-11-2015 notes hand weakness, decreased sensation in the bilateral median nerve, positive Finkelstein test and tenderness to palpation of the bilateral basal joint. Treatment to date has included surgery, Norco, Protonix, Fexmid, Voltaren, physical therapy, electromyogram-nerve conduction study (7-10-2015) indicating bilateral carpal tunnel syndrome and chronic active cervical radiculopathy, and home exercise program (HEP). The original utilization review dated 9-9-2015 indicates the request for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 0.2%/Hyaluronic Acid 0.2% in cream base 240 grams (apply 2-3 times daily) and Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic Acid 0.2% in cream base 240 grams (apply 2-3 times daily) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 0.2%/Hyaluronic Acid 0.2% in cream base 240 grams (apply 2-3 times daily): 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: The injured worker sustained a work related injury on 11-2-2010.. The medical records provided indicate the diagnosis of bilateral carpal tunnel syndrome with release, epicondylitis and bilateral basal joint degenerative traumatic arthritis. Treatments have included surgery, Norco, Protonix, Fexmid, Voltaren, physical therapy. The medical records provided for review does not indicate a medical necessity for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 0.2%/Hyaluronic Acid 0.2% in cream base 240 grams (apply 2-3 times daily). The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested treatment is not medically necessary since the agents in this compounded topical analgesic are not recommended.

Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic Acid 0.2% in cream base 240 grams (apply 2-3 times daily): 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: The injured worker sustained a work related injury on 11-2-2010. The medical records provided indicate the diagnosis of bilateral carpal tunnel syndrome with release, epicondylitis and bilateral basal joint degenerative traumatic arthritis. Treatments have included surgery, Norco, Protonix, Fexmid, Voltaren, physical therapy. The medical records provided for review does not indicate a medical necessity for Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic Acid 0.2% in cream base 240 grams (apply 2-3 times daily). The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested treatment is not medically necessary since the agents in this compounded topical analgesic are not recommended.