

Case Number:	CM15-0199761		
Date Assigned:	10/15/2015	Date of Injury:	11/17/2014
Decision Date:	12/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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: California, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

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 57-year-old female who sustained an industrial injury on 11-7-2014 and has been treated for brachial neuritis, lumbago, thoracic or lumbosacral neuritis or radiculitis, lateral and medial epicondylitis of elbow, injury to ulnar nerve radial styloid tenosynovitis, and carpal tunnel syndrome. On 8-18-2015 the injured worker reported 7 out of 10 pain, right hand tingling and numbness, and it is noted that range of motion and strength is "unchanged." Objective findings include "abnormal" cervical range of motion, tenderness palpation over the neck, positive Finkelstein's, Phalen's and Tinels tests. The low back also revealed "abnormal findings," was tender to palpation over the paraspinal areas, and there was bilateral straight leg raises. Treatment cited in the documentation included physical therapy, acupuncture, and medications which are referenced in the recent notes to include Somnicin and Terocin patches. A pending orthopedic and hand surgery consult is referenced in the documentation. The injured worker is noted to have been using compound cream: Flurbiprofen-Gabapentin-Cyclobenzaprine since at least one year ago, and a request for this medication with 2 refills was submitted 8-18-2015. The rationale or responses to this medication or others she may be taking are not provided. A urine drug screen was referenced in the 9-15-2015 note to be "needed" to "monitor patient compliance with medication and rule out other prescriptions by other providers." The requested compound cream was non-certified on 9-17-2015. She is noted to work only with restrictions, but it is not documented if she is being accommodated and currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Gabapentin 10%, Cyclobenzaprine 4%, 180 gm, Qty 1 with 2 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines "there is no evidence for use of any other muscle relaxant as a topical product." According to CA MTUS guidelines the use of topical gabapentin is "not recommended. There is no peer-reviewed literature to support use". In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.