

Case Number:	CM15-0204753		
Date Assigned:	10/21/2015	Date of Injury:	01/01/2013
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 male, who sustained an industrial injury on 1-1-13. The injured worker was diagnosed as having avascular necrosis right wrist; cervical spine sprain-strain; lumbar spine sprain-strain; lumbar spine radiculitis with radiculopathy right lower extremity. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 4-17-15 indicated the injured worker complains of lower back pain, although he has been seen by pain management specialist and has three epidural steroid injections which he reports did not help his pain. He reports his lower back pain still radiates to the right lower extremity. In addition, he reports he also has neck pain as well as the right wrist pain. On physical examination, the provider notes limited range of motion of the cervical spine. The compression tests (Spurling's) is negative. The provider does not note any swelling or redness of the right wrist. Upon palpation of the right wrist, there is tenderness noted with radial deviation. The median nerve Tinel's test is positive with ulnar nerve and radial nerve Tinel's tests are negative. Bracelet, Finkelstein's, and Phalen's of the right wrist are all positive. Palpation of the lumbar spine notes paraspinal tenderness with limited range of motion on all planes. The straight leg test bilaterally does not produce back pain and is negative. Leg sensation is normal. The provider notes a recent EMG-NCV test (no date) shows carpal tunnel syndrome of the right wrist. The provider's treatment plan indicates the injured worker needs to be seen by an orthopedist for right carpal tunnel release. An AME has been scheduled for an examination. He recommends the injured worker continue topical compound creams since the medication is not given orally. The PR-2 note dated 3-20-15 is same to similar in complaints, examination and treatment plan for topical compound

medications. A Request for Authorization is dated 10-12-15. A Utilization Review letter is dated 9-16-15 and non-certification for Flurbi (Nap) cream - LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%), 180gm and Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%), 180gm. A request for authorization has been received for Flurbi (Nap) cream - LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%), 180gm and Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%), 180gm

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (Nap) cream - LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%), 180gm:
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: This 41 year old male has complained of wrist pain, cervical spine pain and lumbar spine pain since date of injury 1/1/2013. He has been treated with epidural steroid injection, physical therapy and medications. The current request is for Flurbi (Nap) cream - LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%), 180gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbi (Nap) cream - LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%), 180gm is not medically necessary.

Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%), 180gm:
Upheld

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

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

Decision rationale: This 41 year old male has complained of wrist pain, cervical spine pain and lumbar spine pain since date of injury 1/1/2013. He has been treated with epidural steroid injection, physical therapy and medications. The current request is for Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%), 180gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%), 180gm is not medically necessary.