

Case Number:	CM15-0020124		
Date Assigned:	02/09/2015	Date of Injury:	04/15/2013
Decision Date:	03/31/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 32 year old female who sustained an industrial related injury on 4/15/13 while picking up a baby. The injured worker had complaints of bilateral wrist pain. Physical examination findings included bilateral wrist decreased range of motion. Tenderness to palpation of bilateral dorsal wrists and volar wrists was noted. Tinel's sign was positive bilaterally. The diagnosis was bilateral carpal tunnel syndrome. Treatment included a wrist brace, Naproxen, physical therapy, and acupuncture. The treating physician requested authorization for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% 30mg and Flurbiprofen 20%/Baclofen 5 %/Dexamethasone 2%/Menthol 2%/Camphor 0.025% 210mg. On 12/30/14 the requests were non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule and Official Disability guidelines. The UR physician noted Gabapentin, multiple muscle relaxants, tricyclic antidepressants, and NSAIDs with steroids are not medically necessary to treat a distant sprain. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain- compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The request for a compound that contains medications from the anti-seizure (gabapentin 10%), tricyclic antidepressant (amitriptyline 10%), and anesthetic (bupivacaine 5%) classes. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. The MTUS Guidelines are silent on the use of topical amitriptyline and bupivacaine. However, another drug within this compound is not recommended by the Guidelines, and the literature does not support their use in this setting. The submitted and reviewed documentation indicated the worker was experiencing pain in both wrists. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 30g and 210g of a compound containing gabapentin 10%, amitriptyline 10%, and bupivacaine 5% is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 0.025, 210mgs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain- compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The request for a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (flurbiprofen), muscle relaxant (baclofen), steroid (dexamethasone), and general pain reliever (menthol and camphor) classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. Topical menthol is not recommended by the MTUS Guidelines. The Guidelines are silent as to the use of topical muscle relaxants, dexamethasone, and camphor, and the literature does not support their use. The submitted and reviewed documentation indicated the worker was experiencing pain in both wrists. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 30g and 210g of a compound containing flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, and camphor 0.025% is not medically necessary.

