

Case Number:	CM15-0020349		
Date Assigned:	02/09/2015	Date of Injury:	11/20/2008
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female who reported a cumulative trauma injury from 02/02/2009 to 10/12/2011, and again on 11/20/2008. A prior request for compounded medications to include flurbiprofen and lido as well as cyclobenzaprine and gabapentin had been denied, as the information available at that time did not support the use of the medications. The injured worker had reportedly been injured after her right hand was stuck on a conveyor belt, which resulted in contusion to the right hand. Her diagnosis included complex regional pain syndrome, bilateral hands, overuse syndrome of the right hand, cervical sprain/strain, and possible cervical radiculopathy. She had previously been treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS: 10/03/14 & 10/06/14 FLURB25%+LIDO2.5% CR 150GMS: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are not commonly supported without sufficient indication of an injured worker unable to utilize oral medications with some ingredients for topical compounds not appropriate for common use. The request was for a retro review of the use of this medication from 10/03/2014 and again on 10/06/2014 with no clinical documentation provided for review regarding that timeframe. The most recent clinical documentation was dated 08/04/2014, which identified the injured worker as having been utilizing these topical compounds with the report of experiencing constant 7/10 to 8/10 pain level regarding her cervical spine with associated numbness and tingling in her arm and fingers. Therefore, there is no current clinical documentation provided for review, to include a comprehensive physical examination to support ongoing use of this medication. As such, the medical necessity has not been established.

RETRO DOS: 10/03/14 & 10/06/14 CYCLO 10%+GABA10% CR 150GMS: Upheld

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

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

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