

Case Number:	CM15-0226118		
Date Assigned:	11/24/2015	Date of Injury:	11/06/2013
Decision Date:	12/31/2015	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	11/17/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 24 year old male who sustained an industrial injury 11-06-13. A review of the medical records reveals the injured worker is undergoing treatment for depression, anxiety, gastroesophageal reflux, and a traumatic partial amputation of the left index and long finger. Medical records (10-06-15) reveal the injured worker complains of numbness at the tip of his left index and long fingers, as well as tingling and burning sensations. He also reports severe pain when direct pressure on the fingertip of the left middle finger. The physical exam (10-06-15) reveals sensation to light touch is absent at the tips of the index and long fingers. Sensation to light touch is the middle phalanx of the long finger appears intact, but decreases distal to that. No allodynia or excessive pain to light touch of the index fingers is noted. Pain is elicited only with direct forceful pressure at the tip of the long finger. Prior treatment includes multiple reconstruction surgeries, physical therapy, and medications including Prilosec, Prozac, and gabapentin. The treating provider reports the addition of a compound cream, which has a neuropathic pain relief component. The original utilization review (11-13-15) non certified the requests for cyclobenzaprine-Lidocaine topical cream, Flurbiprofen-Lidocaine topical cream, and gabapentin-amitriptyline-Capsaicin topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine, Lidocaine topical cream for date of service 10/9/15:
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 guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical analgesics in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore is not medically necessary.

Retrospective Flurbiprofen, Lidocaine topical cream for date of service 10/9/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical analgesics in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore is not medically necessary.

Retrospective Gabapentin, Amitriptyline, Capsaicin topical cream for date of service 10/9/15: 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 guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical analgesics in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore is not medically necessary.