

Case Number:	CM15-0051487		
Date Assigned:	03/24/2015	Date of Injury:	03/16/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 41 year old female who sustained an industrial injury on March 16, 2014. The injured worker was diagnosed with unspecified right and left hand arthropathy. Treatment to date has included physical therapy, wrist injections and topical analgesics. According to the primary treating physician's progress report on January 9, 2015, the injured worker continues to experience bilateral hand pain with weakness, numbness and tingling with diminished range of motion, positive Froment's Paper sign and Phalen's sign causing pain. Current medications noted were topical analgesics. There were no documented oral medications being taken. Treatment plan consists of the request for authorization for wrist splints, paraffin wax therapy for 12 sessions and topical analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Paraffin wax therapy sessions for both hands: 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), Wrist & Hand, Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.219792.24 Page(s): 111-113.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when first line oral anticonvulsant and antidepressant medications have failed. The recommended second line medication is plain lidocaine in Lidoderm formulation. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of oral formulations of first line medications. The guidelines recommend that topical medications be utilized in single medication formulations for evaluation of efficacy. There is lack of guidelines or FDA support for the use of paraffin wax for the treatment of chronic musculoskeletal pain. Therefore, the request is not medically necessary.

Topical compound Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when first line oral anticonvulsant and antidepressant medications have failed. The recommended second line medication is plain lidocaine in Lidoderm formulation. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of oral formulations of first line medications. The guidelines recommend that topical medications be utilized in single medication formulations for evaluation of efficacy. There is lack of guidelines or FDA support for the use of topical formulations of gabapentin and amitriptyline for the long term treatment of chronic musculoskeletal pain. The criteria for the use of topical compound Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 180gm was not met. Therefore, the request is not medically necessary.

Topical compound Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical compound products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when first line oral anticonvulsant and antidepressant medications have failed. The recommended second line

medication is plain lidocaine in Lidoderm formulation. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of oral formulations of first line medications. The guidelines recommend that topical medications be utilized in single medication formulations for evaluation of efficacy. There is lack of guidelines or FDA support for the use of topical formulations of Baclofen and Dexamethasone in the long term treatment of chronic musculoskeletal pain. The criteria for the use of topical compound Flurbiprofen 20%, Baclofen 10% Dexamethasone 2% in 180gm was not met. Therefore, the request is not medically necessary.