

Case Number:	CM15-0053486		
Date Assigned:	03/26/2015	Date of Injury:	11/18/2011
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

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
 Certification(s)/Specialty: Emergency 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 was a 51 year old male, who sustained an industrial injury, November 18, 2011. The injured worker previously received the following treatments left wrist MRI, right wrist MRI, right shoulder MRI, sleep study, shock wave treatment, Ibuprofen, occupational therapy, random toxicology laboratory studies, physical therapy, acupuncture, manipulation therapy, injections and prescribed medication. The injured worker was diagnosed with wrist strain/sprain. According to progress note of November 10, 2014, the injured workers chief complaint was left wrist pain. The injured worker had undergone extensive conservative treatments. The injured worker continues to have significant residual symptoms. The treatment plan included Cyclobenzaprine 2%, Gabapentin 15% and Amitriptyline 10% #180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, #180gm: 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: The requested Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, #180gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anticonvulsants." The injured worker has left wrist pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, #180gm is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%, #180gm: 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: The requested Cyclobenzaprine 2%, Flurbiprofen 25%, #180gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants". The injured worker has left wrist pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Cyclobenzaprine 2%, Flurbiprofen 25%, #180gm is not medically necessary.