

Case Number:	CM15-0057283		
Date Assigned:	04/02/2015	Date of Injury:	04/09/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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: Orthopedic Surgery

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 36 year old male, who sustained an industrial injury, April 9, 2012. The injured worker previously received the following treatments 12 sessions of physical therapy and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities. The injured worker was diagnosed with bilateral carpal tunnel syndrome, bilateral tendinitis/bursitis of the hands and wrists, bursitis and tendinitis of the bilateral shoulders and headaches. According to progress note of February 23, 2015, the injured workers chief complaint was bilateral wrist with constant severe pain described as throbbing. The pain was aggravated by using the hands. Left elbow pain was constant and severe described as throbbing. Bilateral shoulder complaints of constant moderate pain described as dull with tension. The pain increased by the use of the arms. The physical exam noted tenderness to the bilateral wrists anterior, posterior extensor tendons and thenar eminences. The Tinel's test was positive on the left. Bracelet test was positive bilaterally. Phalen's test was positive bilaterally. The treatment plan included new prescriptions for a Topical Compound (Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%), Muscular Pain Topical Compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) and Right Wrist Orthopedic Surgical Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inflammation Topical Compound (Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%) 180 gm with 2 refills: 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): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Therefore the determination is not medically necessary.

Muscular Pain Topical Compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%), 180 gm with 2 Refills: 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): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Therefore the determination is not medically necessary.