

Case Number:	CM15-0058474		
Date Assigned:	04/03/2015	Date of Injury:	11/09/2010
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 40 year old female, who sustained an industrial injury on November 9, 2010. The injured worker was diagnosed as having history of bilateral hand carpal tunnel release and thoracic outlet syndrome left shoulder and impingement syndrome. Treatment to date has included bilateral carpal tunnel release 2012 and 2014, home exercise program (HEP), and medication. Currently, the injured worker complains of being status post bilateral carpal tunnel release, most recently in February 2014, with both hands bothering her, left more than right, with significant weakness in her hands. The Treating Physician's report dated January 13, 2015, noted the physical examination showed full range of motion (ROM) of bilateral hands and wrists, neurovascularly intact on the left, with some tenderness to palpation at the incisions on the right. The Physician noted the injured worker progressing status post bilateral carpal tunnel release, and prescribed an anti-inflammatory compound cream to be applied to the area of the incision for symptom relief. The Physician noted that an additional course of physical therapy would be helpful, with a request for a continuation of hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Lidocaine, Gabapentin/Amitriptyline/Capsaicin, Cyclobenzaprine/Lidocaine, DOS: 1/13/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Retrospective Flurbiprofen/Lidocaine, Gabapentin/Amitriptyline/Capsaicin, Cyclobenzaprine/Lidocaine, DOS: 1/13/15 is not medically necessary.