

Case Number:	CM15-0061271		
Date Assigned:	04/07/2015	Date of Injury:	11/22/2014
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 37 year old female, who sustained an industrial injury on 11/22/2014 complaining of right upper extremity injury. On provider visit dated 01/30/2015 the injured worker has reported right upper extremity pain. On examination of the decreased range of motion with tenderness over the acromioclavicular, right elbow was noted to have decreased range of motion with tenderness over the olecranon and right wrist/hand was noted to have a decreased range of motion of the right hand with tenderness on the palm, the center of the palm over the metacarpophalangeal articulation, over the dorsum, volar aspect of the distal radius and ulna. A positive Phalen's and Tinel's test was noted and a negative Finkelstein Sign. The diagnoses have included right hand contusion, right hand sprain/strain, right upper extremity neuropathy and mild carpal tunnel syndrome per nerve conduction velocity 12/15/2014. Treatment to date has included physiotherapy, acupuncture, medications, MRI, nerve study right hand and laboratory studies. The provider requested Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for topical compound with Gabapentin. The MTUS states gabapentin is not recommended as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for the compounded medication is not medically necessary.