

Case Number:	CM15-0086619		
Date Assigned:	05/08/2015	Date of Injury:	03/12/2014
Decision Date:	06/09/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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: Physical Medicine & Rehabilitation, 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 44 year old female, who sustained an industrial injury on 3/12/2014. She reported repetitive use injury of the right arm and bilateral wrists. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, and bilateral sprain/strain, right shoulder impingement syndrome, right shoulder sprain/strain, and rule out right shoulder internal derangement. Treatment to date has included medications, acupuncture, physical therapy, and x-rays. The request is for Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 5% in cream base, 30 grams; and Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%. On 10/9/2014, she complained of intermittent bilateral wrist pain. She reported having numbness, tingling and weakness on the left, and tingling and weakness on the right. The treatment plan included: magnetic resonance imaging of wrists, physical therapy, acupuncture, and electrodiagnostic studies. On 12/18/2014, she complained of right shoulder pain rated 7/10, and bilateral wrist pain rated 7/10. The treatment plan included: acupuncture, TENS, and orthopedic surgical consultation. On 3/9/2015, she complained of constant pain of the entire right arm with radiation down to the fingertips, intermittent left forearm, left wrist, and left hand pain. Current medications include: Gabapentin, Omeprazole, Quazepam, and as needed Ibuprofen, cyclobenzaprine, and Hydrocodone. The records indicate she reported relief of pain from medications and massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin 10%/Cyclobenzaprine 6%/ Bupivacaine 5% cream base - 30 grams:

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Retro Gabapentin 10%/Cyclobenzaprine 6%/ Bupivacaine 5% cream base - 30 grams, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Retro Gabapentin 10%/Cyclobenzaprine 6%/ Bupivacaine 5% cream base - 30 grams is not medically necessary.

Retro Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% cream base - 30 grams: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 11-113 of 127.

Decision rationale: Regarding the request for Retro Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% cream base - 30 grams, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Retro Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% cream base - 30 grams is not medically necessary.