

Case Number:	CM14-0117541		
Date Assigned:	08/08/2014	Date of Injury:	01/03/2013
Decision Date:	12/12/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51 year old female with an injury date of 1/03/13. No PR2 was submitted with the treatment requested. Work status as of 1/23/14: "Return to modified work with no heavy lifting over 10 lbs." Based on the 1/23/14 report by [REDACTED] this patient complains of "bilateral wrist pain, left greater than right." Exam shows tenderness and pain (L) wrist dorsally," with "full ROM." Diagnosis for this patient is sprain of bilateral wrists. The utilization review being challenged is dated 7/09/14. The request is for retrospective DOS 4/14/14 request for gaba/amit/dext, flur/tram for the right hand and fingers. The requesting provider is [REDACTED] and he has provided four reports from 8/06/13 to 4/08/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 04/14/14 request for: gaba/amit/dext, flur/tram for the right hand and fingers: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Chronic Pain Section Topical Analgesics Page(s): 111,112.

Decision rationale: This patient presents with bilateral wrist pain, left greater than the right. The request is for retrospective DOS 4/14/14 request for Gaba/amit/dext, flur/tram for the right hand and fingers. According to MTUS guidelines, topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short term use (4-12 weeks). Also, MTUS guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Patient has bilateral wrist pain. Per the 1/23/14 report, treatment plan is for: "PT/acupuncture/splint as needed, anti-inflammatory lotion." Gabapentin (and any other antiepilepsy drugs) and are not recommended as topical formulations by MTUS guidelines and Amitriptyline is not FDA approved as a topical agent, therefore a compounded cream containing both gabapentin and amitriptyline is not recommended. Tramadol is synthetic opioid and indicated for moderate to severe pain, and has been suggested as a second-line treatment, not as first-line therapy for neuropathic pain. However, topical use of Tramadol is not discussed in ODG or MTUS guidelines. Recommendation is not medically necessary.