

Case Number:	CM14-0149344		
Date Assigned:	09/24/2014	Date of Injury:	02/04/2014
Decision Date:	11/13/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

The patient is a 56 years old female with an injury date on 02/09/2014. Based on the 08/06/2014 progress report provided by [REDACTED], the diagnoses are:1. Aftercare for surgery of Musculoskeletal system (right carpal fractures)2. Carpal sprain/strain of the right wrist.According to this report, the patient complains of right wrist and hand that radiates to the right shoulder. Pain is describes as frequent moderate burning pain. Gripping, grasping, and lifting would aggravate the pain. There was +3 spasm and tenderness to the right anterior wrist and posterior extensor tendons. Bracelet test is positive on the right. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/26/2014 to 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15/ Cyclobenzaprine 2/ Baclofen 2/ Lidocaine 5, 180gm, Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the 08/06/2014 report by [REDACTED] this patient presents with right wrist and hand that radiates to the right shoulder. Pain is describes as frequent moderate burning pain. The treater is requesting Flurbiprofen 15/ Cyclobenzaprine 2/ Baclofen 2/ Lidocaine 5, 180gm, Refills 2. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. In this case, MTUS states Cyclobenzaprine and baclofen and other muscle relaxants are not recommended as a topical product. MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is for denial.

Lidocaine 6 percent/ Gabapentin 10/ Tramadol 10 percent, 180gm, Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the 08/06/2014 report by [REDACTED] this patient presents with right wrist and hand that radiates to the right shoulder. Pain is describes as frequent moderate burning pain. The treater is requesting Lidocaine 6 percent/ Gabapentin 10/ Tramadol 10 percent, 180gm, Refills 2. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. In this case, Cyclobenzaprine and Gabapentin are not recommended for topical formulation and Tramadol is not discussed in any of the guidelines for topical formulation. Recommendation is for denial.