

Case Number:	CM14-0096392		
Date Assigned:	07/30/2014	Date of Injury:	03/01/2012
Decision Date:	10/06/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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:

This is a 65-year-old male with a 3/1/12 date of injury, when he fell and injured his hands and the right knee. The patient underwent right knee surgery and right carpal tunnel release in 2013. The patient was seen on 4/16/14 with complaints of constant sharp, achy pain in the bilateral hands and wrists with numbness and swelling in the right hand. The patient also reported constant sharp pain in the left shoulder radiating into the left hand and constant sharp pain in the right knee. Exam findings revealed tenderness and +2 spasm in the left upper shoulder muscles and left rotator cuff muscles, positive Speeds test on the left and positive Supraspinatus test on the left. There were tenderness and spasm in the bilateral wrists and Tinel's sign was positive bilaterally. The reflexes of the upper extremities were within normal limits. The examination of the knees revealed tenderness and spasm to the anterior joint line, right quadriceps muscle and right sartorius muscle and positive varus, valgus and McMurray tests on the right. The diagnosis is bilateral carpal tunnel syndrome, bursitis and tendonitis of the left shoulder, bursitis of the right knee. Treatment to date: physical therapy, acupuncture, work restrictions, cortisone injections and medications. An adverse determination was received on 6/14/14 given that one of the ingredients in the compound medication was not recommended for topical compound formulation purposes due to guidelines. In addition, the patient successfully used first-line oral naproxen and the need for the topical compounded drug was questionable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Compound Medication Lidocaine, Gabapentin, and Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication contains the ingredients that are not recommended for topical applications due to the guidelines. In addition, there is no clear rationale with regards to the use of this compound medication. Therefore, the request for Compound Medication Lidocaine, Gabapentin, and Tramadol was not medically necessary.