MAXIMUS Federal Services

Case Number:	CM14-0213755		
Date Assigned:	12/31/2014	Date of Injury:	12/08/2002
Decision Date:	03/20/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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

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 (IW) is a 53 year old female, who sustained an industrial injury on December 8, 2002. She has reported a tingling sensation and pain in the right hand and was diagnosed with subchondral cyst formation. Currently, the IW complains of a tingling sensation in the right hand. Radiographic imaging on June 25, 2014, revealed a subchondral cyst formation and was otherwise unremarkable. On November 17, 2014, Utilization Review non-certified a request for 30 day supply of a compound pain cream, noting the MTUS, ACOEM Guidelines, (or ODG) was cited.) On December 4, 2012, the injured worker submitted an application for IMR for review of requested pain cream compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Flurbiprofen 20% Baclofen 10% Dextromethorphan 2% Tramadol 20% 30 day supply 210 gm: 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 Topical analgesic Page(s): 111-113.

Decision rationale: Per UR letter dated 11/17/14, the patient presents with pain to the right hand rated at 6/10. The request is for MED FLURBIPROFEN 20% BACLOFEN 10% DEXTROMETHORPHAN 2% TRAMADOL 20% 30 DAY SUPPLY 210 GM. The request for authorization is not available. Also, no progress reports were submitted for review. The patient is status-post left carpal tunnel release 2004 and 2011. The patient on 11/18/13 attended an orientation for integrated pain management program, goals include the reduction in the intensity of pain and improvement in patient's function in their overall quality of life. NCS/EMG of the left hand 10/23/13 shows evidence suggestive of a possible borderline/very subtle left median neuropathy at the wrist (borderline Carpal Tunnel Syndrome). MRI of the right hand 06/25/14 shows subchondral cyst formation, otherwise, unremarkable. Patient's work status is not available.MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.

MED Amitriptyline 10% Gabapentin 10% Bupivacaine 5% 30 day supply: 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 Topical analgesic Page(s): 111-113.

Decision rationale: Per UR letter dated 11/17/14, the patient presents with pain to the right hand rated at 6/10. The request is for MED AMITRIPTYLINE 10% GABAPENTIN 10% BUPIVACAINE 5% 30 DAY SUPPLY. The request for authorization is not available. Also, no progress reports were submitted for review. The patient is status-post left carpal tunnel release 2004 and 2011. The patient on 11/18/13 attended an orientation for integrated pain management program, goals include the reduction in the intensity of pain and improvement in patient's function in their overall quality of life. NCS/EMG of the left hand 10/23/13 shows evidence suggestive of a possible borderline/very subtle left median neuropathy at the wrist (borderline Carpal Tunnel Syndrome). MRI of the right hand 06/25/14 shows subchondral cyst formation, otherwise, unremarkable. Patient's work status is not available.MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and

most studies are small and of short duration. Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.