

Case Number:	CM15-0013492		
Date Assigned:	02/02/2015	Date of Injury:	03/05/2012
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/23/2015

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

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 42-year-old male who reported an injury on 03/05/2012. The mechanism of injury was not stated. The injured worker is currently diagnosed with carpal tunnel syndrome. The latest physician progress report submitted for review is documented on 10/03/2014. The injured worker presented for a followup evaluation regarding lateral epicondyle pain. Upon examination, there was exquisite tenderness at the lateral epicondyle with intact sensation. It was noted that the injured worker was suffering from what appeared to be a flare up of lateral epicondylitis. The provider recommended a platelet rich plasma injection. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for lidocaine cream compound and gabapentin/amitriptyline/capsaicin compound DOS 11/19/14: 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: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Lidocaine is not FDA approved in the formulation of a cream, lotion, or gel. Gabapentin is not recommended, as there is no evidence to support its use as a topical product. The physician progress note on 11/19/2014 was not provided for review. There is strength, frequency, or quantity listed in the request. Based on the information received and the California MTUS Guidelines, the request is not medically appropriate at this time.