

Case Number:	CM15-0013729		
Date Assigned:	02/02/2015	Date of Injury:	10/03/2012
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 33 year old female who sustained an industrial related injury on 10/3/12 after lifting a bag into her trunk. The injured worker had complaints of right wrist pain with numbness and tingling in digits 3 and 4 of the right hand. Diagnoses included carpal tunnel syndrome, disorders of bursae and tendon in shoulder region, radial styloid tenosynovitis, sprain and strains of wrist and hand, and lateral epicondylitis. Treatment included physical therapy, hand therapy, acupuncture treatments, 2 wrist braces, and 2 cortisone injections. The physician noted the injured worker was approved to undergo a right Dequerveins release. The treating physician requested authorization for Flurbiprofen 10%/Cyclobenzaprine 1%/ Gabapentin 6%/ Lidocaine 2%/ and Prilocaine 2% cream quantity 1. On 1/14/15 the request was non-certified. The utilization review physician cited the Chronic Pain Medical Treatment Guidelines and noted there was no documentation of significant change in the visual analog scale score or functional improvement noted with the continued use of the requested medication. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (10%), Cyclobenzaprine (1%), Gabapentin (6%), Lidocaine (2%), Prilocaine (2%), #1: 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 Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. . Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer reviewed literature to support its use. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. As such, the request for flurbiprofen, cyclobenzaprine, gabapentin, lidocaine, prilocaine is not medically necessary and the original UR decision is upheld.