

Case Number:	CM15-0018818		
Date Assigned:	02/06/2015	Date of Injury:	05/15/2014
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	02/02/2015

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 38 year old female, who sustained an industrial injury on May 15, 2014. She has reported pain in the left wrist. The diagnoses have included ganglion cyst of wrist. Treatment to date has included bracing, wrist surgery, and medications. Currently, the injured worker complains of left wrist pain. The Treating Physician's report dated November 13, 2014, noted the injured worker underwent a left wrist dorsal ganglion cyst removal on October 24, 2014, with the left wrist/hand noted with mild swelling, with the incision healed and tenderness to palpation and decreased range of motion (ROM) noted. On December 29, 2014, Utilization Review non-certified one Container of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180grams and one Container of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams, noting that the requested compound creams both contain one or more medications that are not recommended for topical use. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of one Container of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180grams and one Container of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180grams:
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: The patient presents with left wrist and hand pain. The request is for 1 CONTAINER OF GABAPENTIN 15%, AMITRIPTYLINE 4%, DEXTROMETHOPHAN 10%, 180 GRAMS. Patient is status post left wrist dorsal ganglion excision 10/24/14. Physical examination on 10/31/14 to the left wrist revealed tenderness to palpation over the wrist joint. Patient's treatments have included 8 chiropractic and 6 physical therapy sessions. Patient's diagnosis per 12/04/14 progress report include other ganglion and cyst of synovium tendon and bursa and carpal tunnel syndrome. Per 10/31/14 progress report, patient's medications include Tylenol, Naproxen and Anaprox. Per 12/04/14 progress report, patient is temporary totally disabled for 45 days. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." 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. 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 Gabapentin, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.

1 Container of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams:
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: The patient presents with left wrist and hand pain. The request is for 1 CONTAINER OF CYCLOBENZAPRINE 2%, GABAPENTIN 15%, AMITRIPTYLINE 10%, 180 GRAMS. Patient is status post left wrist dorsal ganglion excision 10/24/14. Physical examination on 10/31/14 to the left wrist revealed tenderness to palpation over the wrist joint. Patient's treatments have included 8 chiropractic and 6 physical therapy sessions. Patient's

diagnosis per 12/04/14 progress report include other ganglion and cyst of synovium tendon and bursa and carpal tunnel syndrome. Per 10/31/14 progress report, patient's medications include Tylenol, Naproxen and Anaprox. Per 12/04/14 progress report, patient is temporary totally disabled for 45 days. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." 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. 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 contain Cyclobenzaprine and Gabapentin, which are not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.