

Case Number:	CM15-0110813		
Date Assigned:	06/22/2015	Date of Injury:	03/12/2014
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 44-year-old female who sustained work related injuries March 12, 2014. According to a secondary treating physician's progress report, dated April 14, 2015, the injured worker presented with complaints of frequent moderate, stabbing, burning, right wrist pain with heaviness, tingling, and weakness, radiating to the right arm and elbow. She also reports frequent, moderate, sharp, stabbing, burning, left wrist pain with numbness, tingling, and weakness. She feels relief from medication and massage. There is no bruising, swelling, atrophy, or lesion present in the left or right wrist. Diagnoses are right carpal tunnel syndrome; right triangular fibrocartilage tear; right wrist sprain/strain; left carpal tunnel syndrome; left wrist sprain/strain. Treatment plan included a urine screen for medication toxicity and at issue, request for authorization for Gabapentin/Cyclobenzaprine/Bupivacaine, mailed to home and Gabapentin/Cyclobenzaprine/Bupivacaine, 72 hour supply given from office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 Percent/Cyclobenzaprine 6 Percent/Bupivacaine 5 Percent Cream 210 Grams Mailed to Home: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics as a treatment modality. These guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Relevant to this case is the following comment regarding compounded topical analgesics: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. One of the components of the requested medication is gabapentin. As noted in the MTUS guidelines, gabapentin is not recommended. There is no peer-reviewed literature to support use. Given that gabapentin is not recommended, the requested compounded cream is not recommended.

Gabapentin 10 Percent/Cyclobenzaprine 6 Percent/Bupivacaine 5 Percent Cream 30 Gram/72 Hour from Office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Relevant to this case is the following comment from the MTUS guidelines: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. One component of the requested cream is gabapentin. As noted in the above cited guidelines, gabapentin is not recommended. There is no peer-reviewed literature to support use. Given that gabapentin is a component of this requested medication, the compounded cream containing gabapentin is not considered as medically necessary.