

Case Number:	CM15-0113856		
Date Assigned:	06/22/2015	Date of Injury:	10/05/2011
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained an industrial injury on 10/05/11. She subsequently reported right finger pain. Diagnoses include lumbar disc herniation, bilateral knee meniscus tear and bilateral wrist carpal tunnel syndrome. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience right finger, low back, bilateral wrist and bilateral knee pain. Upon examination, there was tenderness to bilateral wrists and positive Phalen's test bilaterally. There was tenderness to the bilateral hands and reduced range of motion due to pain. A request for Diclofenac %/ Flurbiprofen 10%/ Gabapentin 10%/ Lidocaine HCL 6.16%/ Hyaluronic Acid 0.2% 150gms was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac %/ Flurbiprofen 10%/ Gabapentin 10%/ Lidocaine HCL 6.16%/ Hyaluronic Acid 0.2% 150gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111 of 127.

Decision rationale: This claimant was injured in 2011. She has right finger pain. There is tenderness at both wrists and reduced range of motion due to pain. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.