

Case Number:	CM15-0114346		
Date Assigned:	06/22/2015	Date of Injury:	06/03/2014
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
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: Arizona, 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 27 year old male, who sustained an industrial injury on 6/03/2014, resulting in right hand/thumb pain from a fracture of the distal portion of the proximal phalanx, and subsequent open reduction and internal fixation (ORIF) of the right thumb. The injured worker was diagnosed as having fracture at distal phalanx/interphalangeal joint, status post ORIF with retained hardware, reportedly positive nerve conduction studies for carpal tunnel syndrome, triangular fibrocartilage complex tear per magnetic resonance imaging, and rule out reflex sympathetic dystrophy. Treatment to date has included diagnostics, removal of right thumb hardware and manipulation of right thumb interphalangeal joint, with right thumb digital nerve block on 10/13/2014, therapy, and medications. Currently (4/14/2015), the injured worker complains of pain in his wrist, aggravated with repetitive and forceful gripping and grasping. Current medications included Ultram, Anaprox, Prilosec, Flexaril, Lido Keto cream with Flexaril, and Flurbiprofen/Capsaicin/Menthol/Camphor cream. Pain was not rated and activities of daily living were not described. He remained off work. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 3%/Capsaicin 0.025% in alba-derm base cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. In addition, the claimant was on other oral and topical analgesics. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.