

Case Number:	CM15-0117319		
Date Assigned:	06/25/2015	Date of Injury:	07/31/2013
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 07/31/2013. He has reported injury to the left wrist. The diagnoses have included left wrist sprain/strain; left wrist arthrofibrosis; left upper extremity ulnar neuropathy at the elbow; and left cubital tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, occupational therapy, and physical therapy. Medications have included Naprosyn and Pamelor. A progress note from the treating physician, dated 05/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the left wrist; pain is rated 5/10 in severity on the pain scale; the quality of pain is described as achy, numb, and tingling; and the pain is made worse by grasping and pushing. Objective findings included decreased sensation in the left pinky, ring, and middle fingers; and he is wearing the left wrist brace. The treatment plan has included the request for Compound: Diclofenac, Gabapentin, Lidocaine, sterile WA, Ethox, 30 day supply, quantity: 360, with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Diclofenac, Gabapentin, Lidocaine, steril WA, Ethox, 30 day supply, Qty 360 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in July 2013 and continues to be treated for left wrist pain. Medications prescriptions include Naprosyn and Pamelor related to another injury. When seen, pain was rated at 5/10. He was wearing a wrist brace. There was decreased left hand sensation. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, oral naproxen was also being prescribed and prescribing a topical analgesic containing diclofenac was duplicative. This medication was not medically necessary.