

Case Number:	CM15-0124110		
Date Assigned:	07/08/2015	Date of Injury:	05/31/2013
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/26/2015

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, 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 63-year-old female, who sustained an industrial injury on 5/31/13. She reported pain in the left wrist. The injured worker was diagnosed as having left wrist weakness and pain. Treatment to date has included a TENS unit, physical therapy with significant improvement and Norco. As of the PR2 dated 3/24/15, the injured worker reports 5/10 pain in the left wrist. Objective findings include left wrist extension 40 degrees, flexion 40 degrees, radial deviation 10 degrees and ulnar deviation 20 degrees. There is tenderness over the ulnar styloid and forearm spasms. The treating physician requested Ketoprofen 10%, Gabapentin 5%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 0.2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Ketoprofen 10%, Gabapentin 5%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 0.2%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Topical analgesics.

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

Decision rationale: Regarding the request for Ketoprofen 10%, Gabapentin 5%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 0.2%, the Chronic Pain Medical Treatment Guidelines stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical compound medication containing gabapentin is not medically necessary.