

Case Number:	CM15-0124525		
Date Assigned:	07/09/2015	Date of Injury:	01/06/1994
Decision Date:	08/12/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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:

The injured worker is a 55-year-old female who sustained a work related injury on 1/6/94. The diagnoses have included DeQuervain's tenosynovitis, status post first dorsal compartment decompression both wrists, cervical spine strain/sprain, chronic cervical spine myofascial pain, rule out cervical spine radiculopathy, bilateral shoulder strain/sprain, bilateral shoulder impingement syndrome, rule out carpal tunnel syndrome bilateral arms and possible cervical spine disc injury. Treatments have included medications, physical therapy, bilateral thumb surgeries, bilateral wrist surgeries, wrist braces, and heat/ice therapy. In the Doctor's First Report of Occupational Injury or Illness dated 4/15/15, the injured worker complains of constant, throbbing and burning posterior neck pain. She complains of numbness and tingling in both hands. She has pain that radiates to bilateral shoulders and down both arms. She has dorsal and volar wrist numbness and tingling primarily in ring and middle fingers. She has edema in both hands. She has a positive Flick test. She has tenderness to palpation of upper trapezius and levator scapulae musculature. She has paracervical muscle guarding. She has decreased range of motion in neck. She has acromioclavicular joint tenderness in both shoulders. She is not working. The treatment plan includes a prescription for a transdermal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2%, quantity 360g with two refills related to chronic pain: neck, upper extremities, wrists as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute.

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

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no documentation that this patient has tried taking antidepressants and/or anticonvulsants for neuropathic pain. "There is no evidence for use of any other muscle relaxant (Cyclobenzaprine) as a topical product." Additionally, the guidelines do not recommend use of topical lidocaine, as there have been reports of toxicity. Baclofen is not recommended in topical form. Gabapentin is not recommended in topical form. Since several of the medications in this compounded cream are not recommended for topical use, the requested treatment of Flurbiprofen, Gabapentin, Baclofen, Cyclobenzaprine and Lidocaine compounded cream is not medically necessary.