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| Case Number: | CM15-0126921 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 06/05/2012 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41-year-old female who sustained an industrial injury on 6/5/12. She had complaints of pain and numbness in both hands. Treatments include medication, physical therapy and surgical intervention. Primary treating physician's progress report dated 6/4/15 reports continued pain and numbness in bilateral upper extremities. The pain is described as aching in bilateral elbows and wrists along with numbness in forearms and hands. Physical therapy and surgery have not helped and oral pain medications produce stomach upset. The pain is rated 8/10 without medications. Diagnoses include: carpal tunnel syndrome, cubital tunnel syndrome, limb pain, paresthesias and neuropathic pain. Plan of care includes: try topical formulation; combine gabapentin for neuropathic pain with baclofen and cyclobenzaprine for myofascial pain as well as diclofenac for inflammation and bupivacaine for an anesthetic effect. Apply over areas of pain 3-4 times per day as needed. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medication: Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5%, Pentoxifyline 3%: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Baclofen, Diclofenac, Gabapentin and Cyclobenzaprine. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, therequest for Topical medication: Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5%, Pentoxifyline 3% is not medically necessary.