

<b>Case Number:</b>	CM15-0042518		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/23/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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

### 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 24 year old male, who sustained an industrial injury on 08/23/2014. On provider visit dated 10/10/2014 the injured worker has reported left hand and middle finger pain and tingling and numbness in left hand. On examination he was noted to have slight deformity and swelling over the distal aspect of the left middle finger, tenderness over the lacerated and stitched side, finger and thenar of the hand, range of motion of the left middle finger was restricted with pain, hypoesthesia over the left middle finger and weakness of the left hand. The diagnoses have included crush injury to left middle finger, left hand strain and rule out neuropathies. Treatment to date has included surgical intervention, medication and laboratory studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine, Gabapentin, Flurbiprofen, date of service 12/09/2014:** Upheld

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

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

**Decision rationale:** According to the 10/28/2014 report, this patient presents with "lot of sensitivity to his fingertip". The current request is for Retrospective request for Cyclobenzaprine, Gabapentin, Flurbiprofen, date of service 12/09/2014. The request for authorization is not included in the file for review. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended". MTUS further states Cyclobenzaprine topical, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS also states "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". In this case, Cyclobenzaprine and gabapentin cream are not recommended for topical formulation. The current request IS NOT medically necessary.