

Case Number:	CM15-0061262		
Date Assigned:	04/07/2015	Date of Injury:	05/06/2009
Decision Date:	05/28/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 54-year-old woman sustained an industrial injury on 5/6/2009. Diagnoses include right shoulder sprain, right lateral epicondylitis, right wrist sprain, and right carpal tunnel syndrome. Treatment has included oral medications and home exercise program. Physician notes dated 2/18/2015 show complaints of shoulder and right elbow pain radiating to the wrist and right side of neck rated 7-9/10. Recommendations include hand specialist consultation, Prilosec, Norco, continue home exercise program, and follow up in five weeks. The medications listed are Naproxen, Neurontin, Norco, Prilosec, Flexeril and topical cream-CLFCMK.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLFCMK cream #60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics products can be utilized for the treatment of localized neuropathic pain when conservative treatments with first line oral anticonvulsant and antidepressant medications have failed. The guidelines recommend topical lidocaine be utilized as second line medications. It is recommended that topical products be tried and evaluated individually for efficacy. The records did not show that the patient failed treatment with oral formulations of first line medications. The completed detail of the topical CLFCMK product was not provided. The product was noted to contain ketamine, gabapentin, lidocaine, Flexeril and capsaicin but the percentages was not specified. There is lack of FDA and guidelines support for the utilization of topical gabapentin or Flexeril in this patient who is also utilizing oral formulation of Flexeril and Neurontin. The criteria for the use of CLFCMK cream 60gm was not medically necessary.