

<b>Case Number:</b>	CM15-0064419		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 61 year old male, who sustained an industrial injury on 05/29/2012. He reported injuries to his right knee, right shoulder, right wrist, hips and low back. Treatment to date has included physical therapy for the right shoulder, right wrist and right knee, x-ray and MRI of the right knee, right knee surgery, MRI of the right wrist, right wrist surgery. Diagnoses included status post major fall on right outstretched hand/wrist with dorsiflexion, closed right wrist injury, right wrist with chronic pain with loss of range of motion, right basal joint degenerative traumatic arthritis, degenerative arthritis to the right and left fingers non-industrial, bilateral Dupuytren's contracture non-industrial and status post right wrist arthroscopy and debridement. According to a progress report dated 01/09/2015 the injured worker complained of stiffness and tightness of the right fingers and thumb, weakness of the right hand, some difficulties with gripping and grasping with the right hand and pain in the right wrist. Treatment plan included Cyclobenzaprine 10%/Gabapentin 10% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Flurbiprofen/ Cyclobenzaprine/ Gabapentin (DOS 01/14/2015): 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 Topical Analgesics Page(s): 111 - 113.

**Decision rationale:** The patient is a 61 year old male with an injury on 05/29/2012. He had right wrist and right knee surgery. On 01/09/2015, he had right wrist and hand pain/stiffness. According to MTUS, Chronic Pain guidelines for topical analgesics if an active ingredient of a compound medication is not recommended then the entire compound medication is also not recommended. Neither Gabapentin nor Cyclobenzaprine is recommended; thus, the requested compound medication is not medically necessary.