

Case Number:	CM15-0068201		
Date Assigned:	04/15/2015	Date of Injury:	05/08/2013
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old female, who sustained an industrial injury on 5/9/13. She reported a left wrist injury. The injured worker was diagnosed as having left wrist lateral epicondylitis, left wrist tenosynovitis, left wrist sub cyst and left wrist ulnar neuropathy. Treatment to date has included oral medications and topical medications. Currently, the injured worker complains of frequent moderate 5/10 throbbing left wrist pain, stiffness, numbness, tingling, weakness and cramping radiating to arm, fingers and associated with grabbing/grasping, gripping and squeezing. The injured worker states she received relief from pain with medications. Physical exam noted tenderness to palpation of the dorsal wrist. The treatment plan included request for 30 day supply of Gabapentin 10%/Amitriptyline 10%/Bupivacaine % and Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 10%/Bupivacaine in cream base (topical CMPD): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy goals with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding Gabapentin 10%/Amitriptyline 10%/Bupivacaine in cream base (topical CMPD) in this injured worker, the records do not provide clinical evidence to support medical necessity.

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base (topical CMPD):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-12.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy goals with regards for pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base (topical CMPD) in this injured worker, the records do not provide clinical evidence to support medical necessity.