

Case Number:	CM15-0079034		
Date Assigned:	04/30/2015	Date of Injury:	01/07/2013
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: Pennsylvania, Ohio, 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 58 year old male, who sustained an industrial/work injury on 1/7/13. He reported initial complaints of wrist and hand pain. The injured worker was diagnosed as having chronic elbow pain, hand pain, left chronic pain syndrome, myalgia and myositis, and ulnar neuropathy. Treatment to date has included medication, and surgery (left endoscopic carpal tunnel release and cubital release on 5/29/14). Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 3/26/15. Currently, the injured worker complains of wrist and hand pain and rated 7/10 without medications. Per the primary physician's progress report (PR-2) on 4/2/15, examination revealed tenderness to palpation at the bilateral wrists, (R>L), full active range of motion at the elbow and bilateral wrists, pain with flexion at the wrists, muscle strength at 5/5, grip strength at 5/5, diminished sensation on the left second and third fingers and fourth and fifth fingers on the right. Oral medications were not taken. The requested treatments include compound medication with Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, and Pentoxifylline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication with Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally, the component ingredient Gabapentin is specifically not recommended for topical use based on this guideline. For these multiple reasons, this request is not medically necessary.