

Case Number:	CM15-0091762		
Date Assigned:	05/18/2015	Date of Injury:	01/09/2014
Decision Date:	06/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency 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 48-year-old female who sustained a work related injury January 9, 2014. Past history included left wrist surgery 9/2014, cutaneous, traumatic neuroma. According to a physician's initial consultation visit, dated April 10, 2015, the injured worker presented with chronic left wrist pain, rated 6/10, described as throbbing and can increase to a constant, sharp, burning pain, which is tingling in sensation radiating up the arm. The physician's assessment is left wrist pain possibly due to neuroma formation and post-surgical scarring. Treatment plan included discussion of a cervical spinal cord stimulator trial and request for topical compound creams; Diclofenac Sodium/Lidocaine/Prilocaine, Flurbiprofen/ Cyclobenzaprine/Gabapentin/Lidocaine/Prilocaine/Ketamine, and Lidocaine/Prilocaine/Lamotrigine/Meloxicam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Cyclobenzaprine 1%/ Gabapentin 6%/Lidocaine 2%/Pritocaine 2%/Ketamine 10% in LAM #480 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

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

Decision rationale: The requested Flurbiprofen 10%/Cyclobenzaprine 1%/ Gabapentin 6%/Lidocaine 2%/Pritocaine 2%/Ketamine 10% in LAM #480 with 3 refills is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has chronic left wrist pain, rated 6/10, described as throbbing and can increase to a constant, sharp, burning pain, which is tingling in sensation radiating up the arm. The physician's assessment is left wrist pain possibly due to neuroma formation and post-surgical scarring. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 10%/Cyclobenzaprine 1%/ Gabapentin 6%/Lidocaine 2%/Pritocaine 2%/Ketamine 10% in LAM #480 with 3 refills is not medically necessary.

Lidocaine 2%/Prilocaine 2%/Lamotigrine 2.5%/Meloxicam 0.09% #480 with 3 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

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

Decision rationale: The requested Lidocaine 2%/Prilocaine 2%/Lamotigrine 2.5%/Meloxicam 0.09% #480 with 3 refills is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has chronic left wrist pain, rated 6/10, described as throbbing and can increase to a constant, sharp, burning pain, which is tingling in sensation radiating up the arm. The physician's assessment is left wrist pain possibly due to neuroma formation and post-surgical scarring. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidocaine 2%/Prilocaine 2%/Lamotigrine 2.5%/Meloxicam 0.09% #480 with 3 refills is not medically necessary.

Diclofenac Sodium 5%/Lidocaine 2%/Prilocaine 2%/ in LAM #480 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

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

Decision rationale: The requested Diclofenac Sodium 5%/Lidocaine 2%/Prilocaine 2%/ in LAM #480 with 3 refills, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has chronic left wrist pain, rated 6/10, described as throbbing and can increase to a constant, sharp, burning pain, which is tingling in sensation radiating up the arm. The physician's assessment is left wrist pain possibly due to neuroma formation and post-surgical scarring. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Diclofenac Sodium 5%/Lidocaine 2%/Prilocaine 2%/ in LAM #480 with 3 refills is not medically necessary.