

Case Number:	CM15-0095845		
Date Assigned:	05/22/2015	Date of Injury:	11/11/2014
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 11/11/2014. He has reported injury to the left wrist/hand, left long finger, and left ring finger. The diagnoses have included left wrist carpal tunnel syndrome; status post traumatic partial amputation of left ring finger; status post laceration of the left long finger; anxiety disorder; sleep disorder; and status post irrigation and debridement wound and then revision of amputation to the distal joint to the left finger. Treatment to date has included medications, diagnostics, splinting, physical therapy, and surgical intervention. Medications have included Deprizine, Dicopanol, Fanatrex, Synapryn, and Tabradol. A progress note from the treating physician, dated 01/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of burning left wrist pain; pain is constant, moderate to severe, and rated at 7-8/10 on the pain scale; is status post laceration of the left middle finger, and status post partial amputation of the left ring finger with residual pain; pain is constant and moderate to severe, rated at 7-8/10 on the visual analog scale; the pain is aggravated by gripping, grasping, reaching, pulling, and lifting; he has weakness, numbness, stiffness, and tingling in the left hand; and he is frustrated by his injury, and experiencing stress, anxiety, insomnia, and depression brought on by his chronic pain, physical limitations, and inability to work. Objective findings included left wrist tenderness to palpation with pain at the carpal tunnel; decreased ranges of motion of the left wrist; unable to make a full fist; a healed laceration scar at the third digit; an amputation of the left distal interphalangeal joint of the fourth digit; neuromas noted at the ulnar and digital nerve of the fourth digit; subungual hematoma at the third digit, and the current nail is falling off; tenderness

to palpation at the amputation site of the fourth digit, as well as over the distal tip of the third digit; ranges of motion of the third and fourth digits are severely decreased; and sensation to pinprick and light touch is significantly diminished along the course of the medial and ulnar nerves distribution in the left upper extremity . The treatment plan has included the request for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 2%, Capsaicin .025%, Hyaluronic acid 0.2% 240 grams cream base; and Amitriptyline HCl 10%, Gabapentin 10%, Bupivacaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 2%, Capsaicin .025%, Hyaluronic acid 0.2% 240 grams cream base: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as topical Baclofen not recommended due to lack of evidence. In addition, the compound in question was combined with other topical medications. There is no evidence one compound is superior to another and there is no evidence supporting the use of multiple topical analgesics. Since the compound above contains topical Baclofen, the compound in question is not medically necessary.

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 64, 111-113. Decision based on Non-MTUS Citation FDA.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants as topical Gabapentin are not recommended due to lack of evidence. In addition, the compound in question was combined with other topical medications. There is no evidence one

compound is superior to another and there is no evidence supporting the use of multiple topical analgesics. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.