

Case Number:	CM15-0098070		
Date Assigned:	05/29/2015	Date of Injury:	08/03/2013
Decision Date:	06/29/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 39-year-old female, with a reported date of injury of 08/03/2013. The diagnoses include bilateral wrist/hand sprain/strain to rule out internal derangement and bilateral wrist carpal tunnel syndrome. Treatments to date have included pain medications, x-ray of the right wrist on 10/18/2013, and an MRI of the left wrist on 10/31/2013. The progress report dated 04/14/2015 indicates that the injured worker complained of burning bilateral wrist and hand pain and muscle spasms. She rated the pain 5 out of 10. The injured worker also complained of weakness, numbness, tingling, and pain with radiation to the hands and fingers. The objective findings include tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally; decreased range of motion of the bilateral wrists; positive bilateral Tinel's and Phalen's test; diminished sensation to pinprick and light touch along the course of the median nerve distribution in the bilateral upper extremities, and decreased motor strength due to pain in the bilateral upper extremities. The treating physician requested compound medication: Capsaicin/Flurbiprofen/Gabapentin/Menthol #180 and compound medication: Cyclobenzaprine/Gabapentin/Amitriptyline/Versapro #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Capsaicin/Flurbipro/Gabapenti/Menthol C/Camph 30 day supply #180:
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 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

Compound Cyclobenz/Gabapenti/Amitripty/Versapro 30 day supply #180: 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 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

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