MAXIMUS Federal Services

| Case Number: | CM13-0019605 | | |
|---|---|---|---|
| Date Assigned: | 10/11/2013 | Date of Injury: | 06/13/2013 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services.

## 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 patient is a 57-year-old male who reported an injury on 06/13/2013. The patient is currently diagnosed with laceration of the hand with tendon involvement, hand contracture, left carpal tunnel syndrome, and left cubital tunnel syndrome. The patient was recently seen by [redacted] on 08/19/2013. The patient complained of left hand pain, weakness, stiffness, numbness, and tingling. Physical examination revealed mild to moderate swelling of the left forearm and elbow, dorsal forearm scar, tenderness on direct compression to the dorsal forearm, full range of motion, decreased sensation secondary to laceration, positive ulnar nerve Tinel's testing, positive elbow flexion testing, positive median nerve Tinel's sign, mild to moderate wrist and hand swelling, dorsal wrist and hand tenderness, inability to complete a full fist, inability to oppose thumb, mild to moderate hand contracture, extension lag to the middle and ring fingers, diminished range of motion, significant weakness, decreased sensation to the dorsal hand and median nerve distribution, positive Tinel's testing, and positive carpal tunnel compression testing. Treatment recommendations included physical therapy and initiation of 2 compounded medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CMCT20TD cream (Capsacin 0.0375% / Camphor 2.5% / Tramadol 20%), apply BID 120gm with 1 refill:** 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 Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is indicated for fibromyalgia, osteoarthritis, and chronic nonspecific back pain. As per the clinical notes submitted, there is no evidence of a failure to respond to previous oral medication prior to the initiation of a topical analgesic. There is no indication that this patient maintains diagnoses of osteoarthritis or fibromyalgia. California MTUS Guidelines further state, any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Based on the clinical information received, the request is non-certified.

**FD2510TD cream (Flurbiprofen 25% / Diclofenac 10%) (contracture), apply BID, 120gm, with 1 refill:** 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 Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended for osteoarthritis, for up to 4 to 12 weeks. The only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. Furthermore, there is no evidence of a failure to respond to previous oral medications prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.