

Case Number:	CM13-0024614		
Date Assigned:	11/20/2013	Date of Injury:	05/07/2010
Decision Date:	01/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 39-year-old female, who reported an injury to her right wrist and hand on 05/07/2010 when she was unlocking a large steel door in the prison, and the lock was jammed; as she twisted her right wrist, she continued to move and irritated her right wrist. The patient was noted to have undergone treatment with injections, non-steroidal anti-inflammatory medications, and physical therapy without improvement and to have undergone a surgery for DeQuervain's release of the right wrist on 01/07/2011. She was also noted to have injured her low back on 08/08/2011 when she tripped over a long telephone cord on the ground; she jerked and contorted her body, trying to stop herself from falling. The patient was noted to have been diagnosed with a lumbar strain and was reported to have treated conservatively without improvement. She was reported to have undergone an MRI of the lumbar spine in 11/2011, which noted findings of early disc desiccation, annular tears, diffuse disc protrusions and hypertrophy of the facet joints and ligamentum flava at multiple levels. She is noted to have undergone individual psychotherapy for the treatment of anxiety and depression. She was reported to be taking ibuprofen and naproxen for pain. The patient was noted on 04/09/2013 to have been evaluated by [REDACTED] and was reported to complain of low back pain. She was reported on physical examination to have good grip strength and tenderness over the lumbar spine paraspinal muscles as well as over the sciatic notch on the right side. She was noted to have lumbar paraspinal muscle spasms, a positive straight leg raise on the right and bowstring test on the right in sitting and supine positions. She had decreased active range of motion, and she was noted to have normal sensation to light touch in all dermatomes tested, and motor strength was reported to be within normal limits of all muscle groups tested. Her knee and ankle jerks were 2/2 bilaterally. The patient was note

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication which includes Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, menthol 2%, Camphor 2%, 240gm, QTY: 1: Upheld

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

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

Decision rationale: The patient is a 39-year-old female who reported an injury on 05/07/2010 to her left wrist and hand as well as a second injury in 2011 to her lumbar spine when she tripped over a telephone cord. She was noted to have been treating with tramadol and ibuprofen, which was reported to give her some improvement. The patient was noted on physical exam to have tenderness of the right wrist and hand with numbness and tingling which increased with repetitive hand and arm motions. She was reported to complain of ongoing low back pain and had been noted to have undergone MRIs that showed findings of a herniated disc. She was seen for an orthopedic consult and was recommended for epidural steroid injections, which the patient declined. The patient is noted to have been prescribed a compounded medication that included capsaicin 25% / flurbiprofen 20% / tramadol 10% / menthol 2% and camphor 2%. The California MTUS Guidelines state that there has been little or no research to support the use of many agents prescribed for compounded products, and any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that capsaicin is recommended only as an option in patients who have not responded or who are intolerant to other treatments and topical non-steroidal anti-inflammatories, such as flurbiprofen are recommended for the treatment of osteoarthritis in joints amenable to treatment with topical ointment, but they are recommended for only short-term use for 4 to 12 weeks, and there is no indication for topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder; and there are no indications for the use of topical analgesics for neuropathic pain as there is no evidence to support their use. There is no documentation that the patient has not responded or is intolerant to other treatments. The use of capsaicin is not recommended, and as flurbiprofen is only recommended for short-term use for the treatment of osteoarthritis, and as there is no documentation that the patient is being treated for osteoarthritis; the requested compounded ointment containing capsaicin and flurbiprofen is not indicated. Based on the above, the request for a compounded medication which includes capsaicin 0.025%, flurbiprofen 20%, tramadol 10%, menthol 2%, camphor 2% at 240gm (Quantity: 1.00) is non-certified.

Compound medication which includes Flurbiprofen 20%, Tramadol 20%, cream 240gm: Upheld

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

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

Decision rationale: The patient is a 39-year-old female who reported an injury to her right wrist and hand on 05/07/2010. She was noted to later have injured her lumbar spine when she tripped over a telephone cord. She was reported to have undergone a previous DeQuervain's release in 2011 and is noted to continue to complain of ongoing pain to the left wrist and hand, which she rates at a 3/10. She was reported to also complain of 1/10 pain in the right hand with numbness tingling and weakness. She reported that medications and rest helped with her pain, and her pain was worse with repetitive lifting and carrying as well as repetitive arm and hand movements. She reported headaches and difficulty sleeping. She was noted to have been prescribed a compounded medication that included flurbiprofen and tramadol cream at 240gm. The California MTUS Guidelines state that non-steroidal topical analgesics, such as flurbiprofen, are recommended for short-term treatment of osteoarthritis or tendonitis for no more than 4 to 12 weeks. The patient is not noted to have been diagnosed with osteoarthritis, and there is no indication as to how long the patient has been using the compounded cream; and as such, the requested compounded ointment containing flurbiprofen does not meet guideline recommendations. Based on the above, the requested compounded medication which includes flurbiprofen 20% and tramadol 20% cream at 240gm is non-certified.

Initial consult for the functional restoration/detoxification program:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) and Chronic pain programs (functional restoration program).

Decision rationale: The patient is a 39-year-old female who reported an injury to her right wrist and hand on 05/07/2010. She was noted to have undergone a DeQuervain's release of the right wrist in 2011. It was noted that while recovering from her surgery, she was working and tripped over a phone cord, injuring her low back. She was reported to complain of ongoing low back pain, which averaged a 5/10 with pain radiating to her right thigh and numbness on lying down and weakness of the right leg. She was noted to have undergone an MRI of the lumbar spine, which was reported to show findings of annular tears, degenerative disc disease, and herniated discs in the lumbar spine. She was reported to have been seen by [REDACTED], who recommended lumbar epidural steroid injections, which the patient declined. The patient was noted to be treating with tramadol and ibuprofen for pain. She was noted to have undergone individual psychotherapy in the past. A psychiatric AME on 05/09/2013 diagnosed the patient with adjustment disorder, resolved. As there is no indication that the patient requires detoxification at this time and as she is not noted to have any psychological problems by the AME performed on 05/09/2013; the need for a referral to a functional restoration program is not established. Based on the above, the requested initial consult for a functional restoration/detoxification program is not established and is non-certified.