

Case Number:	CM13-0035429		
Date Assigned:	12/13/2013	Date of Injury:	06/25/2008
Decision Date:	08/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old male who was injured on 06/25/2008. The mechanism of injury is unknown. The patient underwent an arthroscopic debridement of TFCC (triangular fibrocartilage complex) tear, synovectomy, dorsal capsular scar debridement and extensor carpi ulnaris tenosynovectomy on 05/12/2009. The patient had a drug screening performed on 07/09/2013 which demonstrated positive results for hydrocodone, Cotinine, gabapentin, and Nicotine. Progress report dated 10/08/2013 indicates the patient complains of neck pain along with right upper extremity pain. He also complains of bilateral wrist pain that is aggravated with physical activity. Objective findings on exam reveals tenderness to palpation over the paraspinal and surrounding musculature of the head and neck. There is mild guarding of the trapezius musculature. There is crepitation with flexion and extension. Examination of bilateral wrist reveals crepitation on flexion and extension. There is pain over the right metacarpophalangeal joint of the first digit. Finkelstein's test is positive on the right wrist. He is diagnosed with left wrist early carpal row arthrosis, right wrist overuse tendinitis, cervical discopathy and rule rheumatoid arthritis. A prior utilization review dated 10/01/2014 states the requests for prescription of flurbiprofen25%/lidocaine5%/menthol5%/camphor1% compound cream and prescription of tramadol15%, dextromethrophan10%, and capsaicin0.025% compound cream are denied as guidelines do not support compound medications. If one compound medication contains a medication that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF
FLURBIPROFEN25%/LIDOCAINE5%/MENTHOL5%/CAMPHOR1% COMPOUND
CREAM;: 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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Pain>, < Topical analgesics>.

Decision rationale: The CPMT recommends the use of topical compounding agents for the treatment of pain symptoms only when each individual component of the compound is indicated. Also the CPMT suggests that the use of lidocaine, baclofen, capsaicin, and other muscle relaxants are not indicated for topical application. The medical records document the patient has pain to bilateral hands and wrists as related to a prior injury. Furthermore, the documents do not show any failure of monotherapy with topicals in the past. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**PRESCRIPTION OF
TRAMADOL15%/DEXTROMETHROPHAN10%/CAPSAICIN0.025% COMPOUND
CREAM: 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 Topical analgesics Page(s): 111-113.

Decision rationale: The CPMT recommends the use of topical compounding agents for the treatment of pain symptoms only when each individual component of the compound is indicated. Also the CPMT suggests that the use of lidocaine, baclofen, capsaicin, and other muscle relaxants are not indicated for topical application. The medical records document that the patient has pain to bilateral hands and wrists as related to a prior injury. Furthermore, the documents do not show any failure of monotherapy with topicals in the past. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.