

Case Number:	CM13-0035442		
Date Assigned:	12/13/2013	Date of Injury:	02/12/2012
Decision Date:	02/11/2014	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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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. 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 claimant is a 30 year old female presenting with right wrist pain following a work related injury on 2/12/2012. The claimant complains of right wrist pain that is constant. The pain is localized to the right thumb and palm area. The pain is described as stabbing, shooting, pain with gripping, grasping, torqueing or repetitive use of the right upper extremity. The pain is temporarily improved with medicated spray. The claimant's medications include Naproxen and Tramadol. The physical exam was significant for myofascial tenderness, painful range of motion and weakness, mild DeQuervain's of the right wrist, palpable tenderness over the first dorsal compartment, positive Phalen's test over the volar and third dorsal compartment of the right wrist. X-ray of the bilateral wrist and bilateral hands were non-significant. The claimant was diagnosed with right wrist sprain/strain and DeQuervain's Tenosynovitis

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15%+ Lidocaine 1%+ Capsaicin 0.12%+ Tramadol 15% (120 mls with 3 refills) i: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS guidelines does not recommend "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)... Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with right wrist sprain and DeQuervain's Tenosynovitis. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Therefore, the entire compounded mixture is not medically necessary.

Flurbiprofen 10%+ Cyclobenzaprine 2%+ Capsaicin .0125+ Lidocaine (120 mls with 3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Flurbiprofen 10%+ Cyclobenzaprine 2%+ Capsaicin .0125+ Lidocaine (120 mls with 3 refills) is not medically necessary. California MTUS guidelines does not recommend "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)... Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with right wrist sprain and DeQuervain's Tenosynovitis. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Therefore, the entire compounded mixture is not medically necessary. In regards to Flurbiprofen, which is a topical NSAID, MTUS guidelines indicates this medication is for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The claimant is already on Naproxen, an NSAID. Therefore, the medication is not medically necessary.