

Case Number:	CM13-0035658		
Date Assigned:	12/27/2013	Date of Injury:	03/25/1996
Decision Date:	03/11/2014	UR Denial Date:	09/19/2013
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 Occupational Medicine in and is licensed to practice in New York and North Carolina. 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 patient is a 51 year old woman, injured 3/27/1996 and has been diagnosed with cubital tunnel syndrome and carpal tunnel syndrome. She has had two ulnar nerve releases, and a carpal tunnel release. She is requesting topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen/Cyclobenzaprine/Menthol for treatment of right wrist, elbow and hands (duration and frequency unknown) DOS : 8/13/2013: 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): 111-113.

Decision rationale: The chronic pain treatment guidelines note that Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. For NSAIDS: These medications may be useful for chronic musculoskeletal pain, but

there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). Menthol is not mentioned in the chronic pain guidelines, nor is it mentioned in Official Disability Guidelines. It is not approved. There is no specified time for treatment. Flurbiprofen is not an NSAID that is listed in the guidelines as approved for topical treatment in worker's compensation care. All components of a topical analgesic compound must be approved, and this combination does not meet that criteria. Therefore, the request for the topical medication is not medically necessary.

Bio-therm for treatment of right wrist, elbow and hands (duration and frequency unknown) DOS 8/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, capsaicin topical Page(s): 28.

Decision rationale: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and Therefore, the request for the topical medication is not medically necessary. chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. This request does not specify the strength of the formulation of capsaicin, nor is it for osteoarthritis, fibromyalgia or chronic back pain. Therefore, the request for topical capsaicin is not medically necessary.