

Case Number:	CM13-0036852		
Date Assigned:	12/13/2013	Date of Injury:	05/13/2013
Decision Date:	04/14/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/21/2013

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 Preventive Medicine, has a subspecialty in Occupational and Environmental Medicine 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 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 50 year old female who was injured on 05/13/2013 while she was carrying linens up and down stairs. The current diagnosis was left wrist tendonitis. PR2 dated 08/13/2013 documented the patient to have complaints of pain in the left wrist radiating to arm. Objective findings on exam reveal left wrist (illegible), decreased range of motion; decreased flexion and extension joint line palpable increased pain. The patient was diagnosed with left wrist tendinitis. Med-Legal evaluation dated 07/01/2013 documented the patient to have complaints of left wrist pain which is described as constant, sharp, associated with intermittent numbness and tingling sensations. The pain is alleviated by rest, medications, and activity avoidance. The patient was taking ibuprofen, unrecalled muscle relaxant. Objective findings on exam revealed palpation of the left wrist reveals tenderness. The treatment recommendation was transdermal compounded medications to decrease pain/inflammation. The patient was prescribed Capsaicin 0.025%; Flurbiprofen 30%; Methyl Salicylate 4%; Flurbiprofen 20%; and Tramadol 20%. Therapy note dated 06/13/2013 indicated the patient's total visits were 2 (cumulative total) and his missed appointments (for this case) were 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST FOR COMPOUND MEDICATION FLURBIPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The Expert Reviewer's decision rationale: Recommended as an option as indicated below. 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 (Namaka, 2004). These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{I}\beta$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) (Argoff, 2006). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required.' Therefore, it is my opinion that this is not medically necessary.

RETRO REQUEST FOR COMPOUND MEDICATION TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{I}\beta$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required.

