

Case Number:	CM13-0038302		
Date Assigned:	12/18/2013	Date of Injury:	09/17/2010
Decision Date:	07/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Sports 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 injured worker is a 72 year old male who reported an injury on 09/17/2010. The mechanism of injury as described by the injured worker was continuous trauma while performing daily job duties. The injured worker complained of cervical pain with radiculitis, thoracic spine pain, bilateral shoulder pain and right wrist/hand pain. Upon physical exam of the right wrist there was +3 tenderness to palpation and positive Tinel's and Phalen's test. The injured worker has undergone nerve conduction velocity (NCV) testing of the upper extremities and had x-rays and magnetic resonance imaging (MRI) studies were taken of the cervical spine, bilateral shoulders and right wrist/hand. The injured worker's diagnosis includes cervical radiculitis syndrome, thoracic spine syndrome, and bilateral shoulder sprain/strain and right wrist/hand sprain/strain - status post-surgical intervention - right first dorsal extensor compartment release. Previous treatments included right wrist surgery on 02/01/2012 and subsequently physical therapy as well as taking medications. The injured worker's medications include atorvastatin, clopidogrel, tramadol, omeprazole, Lisinopril, levetiracetam and carvedilol. The requested treatment plan was to continue with range of motion exercises, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, urine drug screens and taking medications by mouth and using compounded topical medications. The request for authorization form and rationale was not included with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF COMPOUND MEDICATION 240 GRAMS: CAPSAICIN 0.025% FLURBIPROFEN 20% TRAMADOL 10% MENTHOL 2 % CAMPHOR 2%: Upheld

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

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

Decision rationale: The request for prescription of compound medication 240 grams: Flurbiprofen 20% Tramadol 20% is non-certified. The injured worker has a history of cervical pain with radiculitis, thoracic spine pain, bilateral shoulder pain and right wrist/hand pain. And has treated the pain with surgery to the right wrist, physical therapy, acupuncture, using a transcutaneous electrical nerve stimulation (TENS) unit and taking medications. The California MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For non-steroidal anti-inflammatory agents (Flurbiprofen) it states the efficacy in clinical trials for this treatment modality has been inconsistent. Tramadol used as a compounded topical agent were not addressed by the California MTUS. The documentation provided does not indicate the injured workers tolerance to the current medications and treatments provided. There is a lack of supporting documentation to indicate the injured worker's pain rating with and without the current medications. Non-steroidal anti-inflammatory agents used in a topical formula have not been proven as an effective treatment. Based on the above noted, the request is not medically necessary.

PRESCRIPTION OF COMPOUND MEDICATION 240 GRAMS: FLURBIPROFEN 20% TRAMADOL 20%: Upheld

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

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

Decision rationale: The request for prescription of compound medication 240 grams: Capsaicin 0.025% Flurbiprofen 20% Tramadol 10% Menthol 2% Camphor 2% is non-certified. The injured worker has a history of cervical pain with radiculitis, thoracic spine pain, bilateral shoulder pain and right wrist/hand pain. And has treated the pain with surgery to the right wrist, physical therapy, acupuncture, using a transcutaneous electrical nerve stimulation (TENS) unit and taking medications. The California MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For Capsaicin it is recommended only as an option in patients who have not responded or are intolerant to other treatments. For non-steroidal anti-inflammatory agents (Flurbiprofen) it states the efficacy in clinical trials for this treatment modality has been inconsistent. Tramadol, menthol and camphor used as a compounded topical agent were not addressed by the California MTUS. The documentation provided does not indicate the injured workers tolerance to the current medications and treatments provided. There is a lack of supporting documentation to indicate the

injured worker's pain rating with and without the current medications. Non-steroidal anti-inflammatory agents used in a topical formula have not been proven as an effective treatment. Based on the above noted, the request is not medically necessary.