MAXIMUS Federal Services

Case Number:	CM13-0069939		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2000
Decision Date:	04/25/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation 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 59-year-old female who reported an injury on 05/01/2000. The mechanism of injury was repetitive trauma related to the performance of job duties. The patient was diagnosed with carpal tunnel syndrome, lumbosacral sprain, shoulder sprain, and neck sprain. Over the years, the patient has received multiple treatments to her bilateral hands and upper extremities; however, she has opted to forego surgical repair up until recently. Due to persistent complaints, the patient received an MRI of the left wrist on 06/26/2013. The study revealed fluid in the radial attachment, indicating a tear of the TFCC, edema and prominence of the median nerve, and distention of the flexor retinaculum. The most recent clinical note submitted for review is dated 09/13/2013. In this note, it was reported that the patient was now considering surgical intervention and was prescribed a topical medication to deal with symptoms until the surgery was approved. The patient has history of physical therapy, splinting, and multiple medication use. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED CREAM (FLURBIPROFEN/MENTHOL/CAMPHOR/CAPSAICIN: 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 California MTUS/ACOEM Guidelines recommend topical analgesics to treat primarily neuropathic pain and osteoarthritic pain. Guidelines state that any compounded product containing at least 1 drug or drug class that is not recommended, deems the entire product not recommended. The current request contains a topical NSAID and capsaicin in the formulation of 0.375%. Guidelines state that the only approved topical NSAID for use by the FDA, is Voltaren gel 1%. In addition, guidelines state that capsaicin in formulations in excess of 0.025% are not recommended, as there is no evidence for their increased efficacy. Since the topical NSAID flurbiprofen and capsaicin are not recommended, the entire product is not recommended. As such, the retrospective request for compounded cream (flurbiprofen 25%, menthol 10%, camphor 3%, and capsaicin 0.375%) is non-certified.