

Case Number:	CM13-0072280		
Date Assigned:	01/17/2014	Date of Injury:	01/28/2013
Decision Date:	04/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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 24 year that was injured on 1/18/2013. The diagnoses are left carpal tunnel syndrome and left wrist pain. The sparse hand written medical records from [REDACTED] did not contain any subjective or objective details of the wrist pain. The 7/30/2013 MRI showed left wrist instability and erosion. There is a history of childhood asthma. The patient did not complete all the recommended physical therapy treatment because of transportation difficulties. The treatments listed included acupuncture, naproxen for pain, omeprazole for the prevention of NSAID induced gastritis and the compound topical product for pain. A Utilization Review determination was rendered on 12/19/2013 recommending non certification of the topical Compound 240 gram product.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 240 gram CMPD (Capsaicin, Flurbiprofen, Tramadol, Menthol, Camphor) refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparation could be utilized to treat neuropathic pain when trials of anticonvulsants and antidepressants medications have failed. The records indicate that the patient has not failed treatment with any anticonvulsant or antidepressant. The compound preparation contains capsaicin 0.025%, flurbiprofen 20%, tramadol 20%, menthol 2%, salicylate 4% and camphor 2%. The guideline recommends that topical medications be tried and evaluated individually for efficacy. Any compound product that contains at least one drug or drug class that is not recommended does not meet the criteria for medical necessity. This topical compound preparation contains multiple products including flurbiprofen, tramadol, menthol and camphor that are not recommended in topical preparations. Therefore, the request is non certified.