

Case Number:	CM14-0009502		
Date Assigned:	02/14/2014	Date of Injury:	07/06/2010
Decision Date:	08/01/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Tennessee. 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 54-year-old female, who has submitted a claim for carpal tunnel syndrome of both wrists, associated with an industrial injury date of September 6, 2010. The medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain, tingling and numbness in bilateral hands. A physical examination of the left wrist showed a well-healed wound with intact sensation. The Tinel's and Phalen's signs are negative on the left upper extremity. An examination of the right upper extremity showed positive Tinel's sign and Phalen's test with decreased sensation along the median nerve. An electrodiagnostic study done on May 1, 2012 showed mild bilateral carpal tunnel syndrome. The treatment to date has included metoprolol, hydrochlorothiazide, Vitamin D3, Lexapro, Lorazepam, Tramadol, Ativan, Nabumaetone, Ultracet and status post Carpal Tunnel Release on the left wrist. The utilization review from January 16, 2014, denied the request for compound flurbiprofen 25%/diclofenac 10%, because there was no documentation that the patient failed first line oral analgesics. The request for compound capsaicin 0.0375%/menthol 10%/Camphor 2.5%/tramadol 20% was also denied because there was no documentation that the patient failed first line oral analgesics and no reason to support why topical treatment would be preferable than oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound flurbiprofen 25%/diclofenac 10%: 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): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are 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. In addition, ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. In this case, documents reviewed showed that the patient had neuropathic pain and was started on an antidepressant Lexapro. However, records did not show that there was a failure of antidepressant. With regards to diclofenac, it is intended for the relief of osteoarthritis. The nature of the pain presented by the patient was not arthritic in nature. With regards to Flurbiprofen, its use is not recommended by the guidelines. Likewise, there was no indication of the duration and frequency of the treatment. Therefore, the request is not medically necessary.

Compound capsaicin 0.0375%/menthol 10%/camphor 2.5%/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): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are 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. In addition, ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. In this case, there was a mention of the use of antidepressants; however, there was no documentation that there was a failure of antidepressant usage. With regards to capsaicin, it has moderate to poor efficacy with some adverse effects associated with it such as burning, stinging and erythema. With regards to menthol, there is no clear rationale to support the use of this medication. With regards to camphor, there is no rationale to support the use of this medication. With regards to tramadol, it is a narcotic-like pain reliever, however, its use as a topical analgesic is not recommended. In addition, the duration and frequency of the medication was not clearly stated. Therefore, the request is not medically necessary.

