

Case Number:	CM14-0104648		
Date Assigned:	09/24/2014	Date of Injury:	01/07/2010
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Medicine 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 38-year-old female who has submitted a claim for Cervical spine disc protrusion; Myospasms; right shoulder tendinosis/arthrosis/type 1 acromion; clinical de Quervain's tenosynovitis; right wrist tenosynovitis; left wrist ganglion versus synovial cyst; s/p right wrist extensor tenosynovectomy (undated); and, adjustment disorder with mixed anxiety and depressed mood, associated with an industrial injury date of 01/07/00. Medical record from May 29, 2014 and Utilization review from June 26, 2014 were reviewed. Of note is the paucity of records submitted for medical review. The mechanism of the original injury was not noted in the submitted documents. Patient apparently sustained an injury to her wrist and hand. The utilization review notes review of records including an agreed MRE dated 09/23/13 when patient was considered to be permanent and stationary, has reached a plateau and attained maximal medical improvement, with future medical care geared towards continuation of NSAIDs as well as intermittent, stronger medications such as Vicodin and/or Soma for the next 6-12 months and intermittently thereafter for flare-ups of pain and discomfort. However, the original report of this AME is not included in the submitted records. 05/29/14 medical re-evaluation noted patient had persistent left wrist pain and swelling and slight depression and anxiety. On physical examination, she has tenderness of the bilateral wrist joints and carpal bones as well as tenderness and mild inflammation of the left dorsal aspect of her hand. ROM of bilateral wrists was limited by pain. Orthopedic tests including Tinel's, Phalen's and Finkelstein's was positive on the right. Plan was to continue medications, for urine drug testing and awaiting authorization for aspiration of her wrist area. Patient was prescribed topical creams to relieve, prevent and/or help with decreasing dependency on medication, stabilization and control of pain, management/reduction of pain and swelling, and to increase circulation and range of motion. Patient was placed on modified work duties. Treatment to date has included ice packs/hot soaks,

TENS, wrist braces, massage, acupuncture, physical therapy, surgery and medications (Hydrocodone-APAP, Cyclobenzaprine, Ibuprofen, Bupropion since at least 05/29/14). Utilization review date of 06/26/14 denied the request for topical medications because topical analgesics are mostly experimental in use with little to no research to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsalcin 0.025%, Flurbiprofen 20%, Tramadol 16%, Menthol 2%, Camphor 2% 180gams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NSAIDs Page(s): 111, 112, 28-29. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Updated 6/10/14); Criteria for Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, pages 28-29; Topical analgesics, pages 111-113 Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The topical formulation of tramadol does not show consistent efficacy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, the patient has been prescribed topical cream on 05/29/14 as adjuvant therapy to oral medications. However, the requested compounded product contains flurbiprofen and tramadol, which are not recommended for topical use. There was no documentation of pain relief or functional improvement from use. The submitted records showed insufficient information to assess patient's pain relief with regards to her oral medications to assess whether the use of topical creams is warranted. In addition, there was no evidence that the patient is intolerant to other treatments to warrant the use of Capsaicin. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Capsalcin 0.025%, Flurbiprofen 20%, Tramadol 16%, Menthol 2%, and Camphor 2% 180gams is not medically necessary.

Gabapentin 10%, Lidocaine 5%, Tramadol 15%,180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NSAIDs Page(s): 111,, 113, , 112, 28, 29. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Updated 6/10/14) Criteria for Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, topical Gabapentin is not recommended and has no peer-reviewed literature to support its use. Topical formulations of Lidocaine and Prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Guidelines also state that no other commercially approved topical formulations of Lidocaine, other than Lidocaine dermal patch (Lidoderm), are indicated for neuropathic pain. The topical formulation of Tramadol does not show consistent efficacy. In this case, compounded products were prescribed for relief of pain as an adjuvant to oral medications. However, there is no discussion concerning the need for two different topical medications. There were no documentations of intolerance to or decreased efficacy of oral medications to warrant the use of topical compounds. The submitted records were insufficient to assess patient's response to oral medications. In addition, certain components of this compound, i.e., Gabapentin, Lidocaine and Tramadol, are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gabapentin 10%, Lidocaine 5%, and Tramadol 15%, 240 grams is not medically necessary.