

Case Number:	CM14-0109243		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2013
Decision Date:	10/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal 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 36 year old female injured on 05/10/13 as a result of repetitive sorting of oranges resulting in right hand and finger pain. The injured worker was initially diagnosed with right hand sprain/strain followed by diagnoses of cervical radiculopathy and carpal tunnel syndrome. Prior treatments included acupuncture, physical therapy, diagnostic procedures, and medication management. The clinical note dated 05/22/14 indicated the injured worker presented complaining of mild pain to the right wrist, cervical spine pain, and bilateral ear pain. Physical examination revealed cervical spine tenderness of the paraspinal musculature, decreased range of motion secondary to pain, right wrist positive Tinel's, and positive Phalen's. Treatment plan included referral to ENT specialist for ear pain, cervical epidural steroid injection, acupuncture, electromyography/nerve conduction velocity (EMG/NCV), chiropractic therapy, and transdermal analgesics. The initial request was non-certified on 06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Container of Cyclobenzaprine 2% and Flurbiprofen 20% 240 grams between 5/5/2014 and 5/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Cyclobenzaprine 2% and Flurbiprofen 20% which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective container of Cyclobenzaprine 2% and Flurbiprofen 20% 240 grams between 5/5/2014 and 5/5/2014 does not meet established and accepted medical guidelines; therefore, the request is not medically necessary.

Retrospective Container of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2%, 240 grams between 5/5/2014 and 5/5/2014: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen and Tramadol which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective container of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2%, 240 grams between 5/5/2014 and 5/5/2014 does not meet established and accepted medical guidelines; therefore, is not medically necessary.