

Case Number:	CM14-0010505		
Date Assigned:	02/21/2014	Date of Injury:	02/13/2013
Decision Date:	07/07/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 General Surgery and is licensed to practice in Texas. 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 43-year-old female who sustained an injury on 02/13/13 while opening boxes. The injured worker felt a snapping sensation in the left wrist followed by the development of pain. Prior treatment has included the use of physical therapy for the left wrist. Medications have included antiinflammatories. Electrodiagnostic studies from September of 2013 were noted to be normal. Additional physical therapy was recommended in November of 2013. The injured worker was seen by [REDACTED] on 11/06/13. The injured worker continued to report persistent pain in the left hand and wrist that was described as severe. Medications at this evaluation included over the counter Motrin. Physical examination noted loss of range of motion in the left wrist due to pain. Positive Finkelstein's sign as well as positive bracelet sign was noted to the left. The injured worker was prescribed a topical medication at this visit to include Flurbiprofen and Cyclobenzaprine as well as a separate topical medication that included Tramadol, Gabapentin, Menthol, Camphor, and Capzasin as well as Naproxen 550mg every 12 hours and Tramadol 50mg as needed up to 5 per day. Follow up on 12/13/13 noted persistent pain in the left hand and wrist. Physical examination noted continuing spasms and tenderness to palpation at the left thenar eminence as well as over the left abductor pollicis brevis. The patient was recommended for acupuncture therapy as well as MRI studies. The requested topical compounded medications to include Fluriflex, TGHOT, Tramadol 50mg, quantity 90, and Naproxen 550mg, quantity 90 were all denied by utilization review on an undetermined date. There were utilization review reports from 01/29/14 that covered a different compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURFLEX (FLURBIPROFEN 15% AND CYCLOBENZAPRINE 10%) #180GM:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL COMPOUNDING MEDICATIONS Page(s): 71.

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

Decision rationale: In regards to the compounded topical medication Fluriflex that includes Flurbiprofen and Cyclobenzaprine, 180 grams, this medication is not a medical necessity. Topical compounded medications are largely considered experimental and investigational in the current clinical literature in the treatment of chronic pain. They can be considered an option in the treatment of neuropathic pain; however, the clinical documentation identified primarily musculoskeletal complaints in the left wrist only. There is no indication from the clinical record that the injured worker had reasonably failed all other oral medications for pain or that oral medications were contraindicated for the injured worker. As the clinical documentation submitted for review did not identify any exceptional factors for the use of this compounded medication, this medication is not medically necessary. It should also be noted that both Flurbiprofen and Cyclobenzaprine are not FDA approved for transdermal use.

TGHOT (TRAMADOL 8%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% AND CAPSAICIN 0.05%) #180GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL COMPOUNDING MEDICATIONS Page(s): 71.

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

Decision rationale: In regards to the compounded topical medication TGHot that includes tramadol, gabapentin, menthol, camphor, and capsaicin, 180 grams, this medication is not medically necessary. Topical compounded medications are largely considered experimental and investigational in the current clinical literature in the treatment of chronic pain. They can be considered an option in the treatment of neuropathic pain; however, the clinical documentation identified primarily musculoskeletal complaints in the left wrist only. There is no indication from the clinical record that the injured worker had reasonably failed all other oral medications for pain or that oral medications were contraindicated for the injured worker. As the clinical documentation submitted for review did not identify any exceptional factors for the use of this compounded medication, this reviewer would not have recommended certification for the request. It should also be noted that both tramadol and gabapentin are not FDA approved for transdermal use.

TRAMADOL 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to Tramadol 50mg, quantity 90, this medication is not a medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Tramadol can be considered for use in the treatment of moderate to severe musculoskeletal pain. The clinical documentation did not identify any significant functional improvement or pain reduction with the use of this medication that would have supported its ongoing use. Without indications that Tramadol was effective in addressing the injured worker's chronic left wrist pain, this medication is not medically necessary.

NAPROXEN SODIUM 550MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: In regards to the use of Naproxen 550mg quantity 90, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain. This medication is not medical necessary for the request.