

Case Number:	CM14-0019097		
Date Assigned:	04/23/2014	Date of Injury:	12/08/2009
Decision Date:	07/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is a 64-year-old male, who has submitted a claim for Brachial Neuritis or Radiculitis, not otherwise specified; sprain of right wrist, and close fracture of unspecified part of lower end of humerus, associated with an industrial injury date of December 8, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of diffuse pain with motion, and palpation of the right elbow. On physical examination of the right hand, weak grip was noted. Examination of the right elbow showed sensory deficits on the area of the ulnar nerve, with associated pain on the ulnar groove. Atrophy was noted as well. Treatment to date has included, ORIF of the right elbow with ulna transposition, tramadol, ibuprofen and omeprazole. Utilization review from January 22, 2014, denied the request for FLURIPROFEN 20%/ LIDOCAIN 5%/ MENTHOL 5%/ CAMPHOR 1% DOS: 9/3/13 and TRAMADOL 15%/ DEXTRO 10%/ CAPSAICIN 0.025% DOS: 9/3/13, because the medical necessity of the requested topical compound was not established, and there was no documentation that the patient was unresponsive or intolerant to all other oral treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIPROFEN 20%/ LIDOCAIN 5%/ MENTHOL 5%/ CAMPHOR 1% DOS: 9/3/13:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 111-113.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, fluriprofen, lidocaine and capsaicin are not recommended for topical applications. The MTUS guidelines also state that, any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Regarding Fluriprofen, there is no study to support the use of its topical formulation. Regarding lidocaine, it is not recommended for topical use. Regarding Menthol, it provides a cooling sensation when applied to skin, however its action on pain relief is not documented. Regarding Camphor, there is no study to support its use as topical medication. In this case, there was no discussion regarding the indication for the use of this medication despite not being recommended by guidelines. Likewise, the duration and frequency of medication use were not clearly specified. This medication contains active ingredients that are not recommended for use. Therefore, the request is not medically necessary.

TRAMADOL 15%/ DEXTRO 10%/ CAPSAICIN 0.025%DOS: 9/3/13: Upheld

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

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

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, lidocaine (in creams, lotions, or gels) and capsaicin are not recommended for topical applications. The guidelines also state that, any compounded product that contains at least one drug or drug class, that is not recommended, is also not recommended. Regarding Tramadol, there is no study to support its use as a topical analgesic. Regarding Capsaicin, it produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. Regarding Dextromethorphan, there is no study to support its use as a topical medication. In this case, there was no discussion regarding the indication for the use of this medication despite not being recommended by guidelines. Likewise, the duration and frequency of medication use were not clearly specified. This medication contains active ingredients that are not recommended for use. Therefore, the request is not medically necessary.