

Case Number:	CM14-0123860		
Date Assigned:	08/08/2014	Date of Injury:	03/25/2013
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/02/2014

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 Occupational 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:

Patient is a 53-year-old female who has submitted a claim for bilateral wrist carpal tunnel syndrome, cubital tunnel syndrome and medial epicondylitis, bilateral elbows; associated with an industrial injury date of 07/15/2011. Medical records from 2014 were reviewed. The patient complained of bilateral elbow pain rated 2/10 and bilateral wrist pain and hand pain also rated at 2/10. The patient is status post right wrist carpal tunnel surgery and right thumb trigger finger release surgery. The pain is described to be unrelieved by medications but alleviated by activity restrictions. Physical examination of elbows, bilateral reveals tenderness and positive Cozen's sign and Tinel's. Examination of the bilateral wrist/hand reveals tenderness on the left wrist, mild hypertrophy on the right wrist and positive Tinel's, Phalen's, Finkelstein's and Flicker test, bilaterally. There is decreased sensation along the course of the ulnar nerve distribution in the bilateral upper extremities and along the course of the median nerve distribution of the left upper extremity. Treatment to date has included surgery and oral medications. The Utilization review from 07/21/2014 denied the requests for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 210gm and Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210gm because there is no indication for its use. Therefore, its medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 210gm:
Upheld

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

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

Decision rationale: The California MTUS Guidelines state, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. MTUS also states, "Topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments." Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical, which does not include Flurbiprofen. 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, "FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burn." CA MTUS does not address Camphor. In this case, patient was prescribed topical drug since December 2012. However, recent progress reports failed to document intolerance to oral medications to warrant topical formulated drugs. Moreover, guidelines state that, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested medication contains drug components, i.e., Flurbiprofen and tramadol, and are not recommended for topical use. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 210gm is not medically necessary.

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210gm: 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 California MTUS Chronic Pain Medical Treatment Guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy." Regarding Cyclobenzaprine, guidelines state that, "There is no evidence to support the use of Cyclobenzaprine as a topical compound. The topical formulation of Tramadol does not show consistent efficacy." Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Guidelines state that "Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use." In this case, patient was prescribed topical drug since December 2012. However, recent progress reports failed to document intolerance to oral medications to warrant topical formulated drugs. Moreover, the requested compounded cream contains Cyclobenzaprine, Flurbiprofen, and Tramadol that are not recommended by the guidelines 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 Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210gm is not medically necessary.