

Case Number:	CM14-0152140		
Date Assigned:	09/22/2014	Date of Injury:	08/26/2010
Decision Date:	10/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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:

The patient is a 43-year-old female who has submitted a claim for right ulnar nerve entrapment associated with an industrial injury date of 08/26/2010. Medical records from 03/04/2014 to 07/30/2014 were reviewed and showed that patient complained of right elbow scar pain graded 4-9/10. Physical examination revealed tenderness over right elbow scar, especially along the distal margin of cubital tunnel incision, no ulnar intrinsic atrophy, no clawing, and negative Froment test and Wartenberg sign. NCS of bilateral upper extremities dated 07/08/2014 was unremarkable. Treatment to date has included cubital tunnel release (03/31/2014), physical therapy, Lidoderm patches, oral pain medications, and scar pain cream 102 (DOS:08/19/2014). Utilization review dated 08/19/2014 denied the request for Scar pain creams 102 (Flurbiprofen 20%, Tramadol 5%, Bupivacaine 3%, Clonidine 0.2%, Cyclobenzaprine 4%) 300 grams/30 days with refills: 1 year because the guidelines state that topical creams are largely experimental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar pain creams 102 (Flurbiprofen 20%, Tramadol 5%, Bupivacaine 3%, Clonidine 0.2%, Cyclobenzaprine 4%) 300 grams/30 days with refills: 1 year: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. The guidelines do not recommend the use of Tramadol for topical use. Topical formulations of bupivacaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, the patient was prescribed scar pain cream 102 (DOS:08/19/2014). However, scar pain cream 102 contains Flurbiprofen, Cyclobenzaprine, and Tramadol that are all 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 Scar pain creams 102 (Flurbiprofen 20%, Tramadol 5%, Bupivacaine 3%, Clonidine 0.2%, Cyclobenzaprine 4%) 300 grams/30 days with refills: 1 year is not medically necessary.