

Case Number:	CM14-0155241		
Date Assigned:	09/25/2014	Date of Injury:	05/13/2010
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 Emergency Medicine 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 53-year-old female who reported an injury on 05/13/2010. The mechanism of injury was not provided. On 03/21/2014, the injured worker presented with complaints of pain in the bilateral wrist and hand, low back, and bilateral foot. Upon examination of the bilateral hands and wrist, there was intact sensation and decreased myotomes bilaterally. There is generalized tenderness over both hands and decreased range of motions with a positive bilateral Phalen's. Examination of the lumbar spine noted tenderness to the paraspinals and lumbosacral junction with decreased range of motion. Examination of the bilateral foot noted nontenderness to palpation with decreased range of motion in the bilateral ankles and decreased sensation bilaterally and decreased myotomes bilaterally. Diagnoses were bilateral wrist sprain/strain, rule out bilateral carpal tunnel syndrome, lumbar disc displacement, spondylolisthesis of the lumbar region, rule out lumbar radiculopathy, bilateral foot sprain/strain, mood disorder, anxiety, stress, hypertension, and diabetes mellitus type II. The provider recommended topical analgesics, the provider's rationale was not provided. The Request For Authorization form was dated for 06/19/2014.

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%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

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

Decision rationale: The request for capsaicin 0.025%, flurbiprofen 20%, tramadol 15%, menthol 2%, camphor 2% is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, cannabinoids, cholinergic receptor agonists, and bradykinin. There is no research to support the use of many of these agents. There is lack of documentation that the injured worker failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site, dose, frequency, or quantity of the medication in the request as submitted. As such, medical necessity has not been established.

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

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

Decision rationale: The request for cyclobenzaprine 2%, tramadol 10%, flurbiprofen 20% is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, cannabinoids, cholinergic receptor agonists, and bradykinin. There is no research to support the use of many of these agents. There is lack of documentation that the injured worker failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site, dose, frequency, or quantity of the medication in the request as submitted. As such, medical necessity has not been established.