

Case Number:	CM14-0159719		
Date Assigned:	10/03/2014	Date of Injury:	11/03/2010
Decision Date:	10/29/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Injured worker is a female with a date of injury on 11/3/2010. Subjective complaints are of constant moderate right wrist pain. Physical exam shows tenderness over the scaphoid, thenar, and volar radial wrist. Finkelstein's test was positive, and Tinel's test was negative. Recommendations were for topical medications, EMG/NCV, neurosurgeon referral, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

180gm- Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%:
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: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-

week period. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Topical gabapentin is not recommended as there is no peer-reviewed literature to support its use. Therefore, this compounded medication does not meet current use guidelines, and is not medically necessary.

Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10%: 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: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines cyclobenzaprine, gabapentin, and amitriptyline. Guidelines do not recommend topical Cyclobenzaprine, Gabapentin, or Amitriptyline as no peer-reviewed literature supports their use. Therefore, this compounded medication does not meet current use guidelines, and is not medically necessary.

Physical Therapy Two Times a Week for Six Weeks for the Right Thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, PHYSICAL THERAPY

Decision rationale: The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The ODG recommends 9 visits of physical therapy over 8 weeks for sprains/strains of the hand and wrist. Therefore, the request for 12 physical therapy sessions exceeds guideline recommendations, and is not medically necessary.