

Case Number:	CM14-0164243		
Date Assigned:	10/09/2014	Date of Injury:	04/02/2012
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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:

According to the records made available for review, this is a 46-year-old female with a 4/2/12 date of injury. At the time (8/21/14) of request for authorization for Flurbiprofen cyclo menth cream 20%/10%/4% #180gm and Keratek Gel #4oz, there is documentation of subjective (moderate left wrist/hand pain) and objective (tenderness to palpation over the left wrist/hand with weakness and instability) findings, current diagnoses (carpal tunnel syndrome, tenosynovitis of the hand and wrist, and pain in hand), and treatment to date (physical therapy). Regarding Keratek Gel #4oz, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cyclo menth cream 20%/10%/4% #180gm: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen,

lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, tenosynovitis of the hand and wrist, and pain in hand. However, the requested compounded medication consists of at least one drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen cyclo menth cream 20%/10%/4% #180gm is not medically necessary.

Keratek Gel #4oz: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, tenosynovitis of the hand and wrist, and pain in hand. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Keratek Gel #4oz is not medically necessary.