

Case Number:	CM14-0178613		
Date Assigned:	10/31/2014	Date of Injury:	11/27/2013
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/28/2014

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 Tennessee. 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 36-year-old male with an 11/27/13 date of injury. The mechanism of injury occurred while he was trying to black a box on a pallet above his head and sustained a bilateral wrist injury. According to a progress report dated 10/8/14, the patient complained of burning bilateral wrist pain and muscle spasms. He rated the pain as 3-4/10. He stated that his symptoms persist, but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. Objective findings: tenderness to palpation at the scapholunate junction and thenar and hypothenar eminences, normal bilateral wrists range of motion, positive Tinel's wrist, Phalen's and Finkelstein's, diminished sensation to pinprick and light touch along the distribution of the medial nerve in the bilateral upper extremities. Diagnostic impression: bilateral sprain of wrist, bilateral wrist De Quervain's tenosynovitis, bilateral carpal tunnel syndrome, bilateral wrist tenosynovitis, bilateral wrist extensor carpi ulnaris tendonitis. Treatment to date includes medication management, activity modification, shockwave therapy, and acupuncture. A UR decision dated 10/6/14 denied the requests for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm and Cyclobenzaprine 2%, Flurbiprofen 25% 180gm, Gabapentin, Capsaicin, and Cyclobenzaprine in these compounded products are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain), Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of Gabapentin and the NSAID, Flurbiprofen, in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of Cyclobenzaprine or the NSAID, Flurbiprofen, in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 25% 180gm is not medically necessary.