

Case Number:	CM14-0182497		
Date Assigned:	11/07/2014	Date of Injury:	11/23/2013
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 47 year old female with an injury date of 11/23/13. The 08/18/14 report by [REDACTED] states that the patient presents with pain in the left shoulder and right wrist with nocturnal paresthesia, numbness and weakness. She has difficulty sleeping on the left side and pain without medication is rated 8/10. Examination reveals tenderness to palpation over the transverse carpal ligament and the scaphoid along with decreased sensation over the thumb, index and middle finger. Examination of the left shoulder shows tenderness to palpation over the coracoid process and greater tuberosity. The patient's diagnose include: 1. Impingement syndrome of the left shoulder 2. Carpal tunnel syndrome of the hand bilaterally 3. Traumatic strain/sprain with avascular necrosis of the right wrist scaphoid bone. The utilization review being challenged is dated 10/07/14. Reports were provided from 05/16/14 to 09/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Transdermal Compound Cream (Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, Capsaicin 0.25%): Upheld

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

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

Decision rationale: The patient present with left shoulder and right wrist pain rated 8/10 without medication. The treater requests for 1 container of Transdermal Compound Cream (Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2%, Capsaicin 0.25%. MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Tramadol is not supported for topical formulation. The request is not medically necessary.

1 container of Transdermal Compound Cream (Tramadol 15%, Gabapentin 10%, and Lidocaine 5%): Upheld

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

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

Decision rationale: The patient present with left shoulder and right wrist pain rated 8/10 without medication. The treater requests for 1 container of Transdermal Compound Cream (Tramadol 15%, Gabapentin 10%, and Lidocaine 5%). In this case, Tramadol is not supported for topical formulation and MTUS specifically states that Gabapentin is not recommended under the topical cream section. MTUS further states that Lidocaine is recommended only in patch formulation. Therefore, the request is not medically necessary.