

Case Number:	CM14-0185432		
Date Assigned:	11/13/2014	Date of Injury:	02/14/2012
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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 Internal Medicine 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 injured worker (IW) is a 52-year-old woman with a date of injury of February 14, 2012. The IW sustained the injury due to cumulative trauma from July 1, 10990 to February 14, 2012. The IW has been diagnosed with right "frozen shoulder", status-post surgery on January 18, 2014; left shoulder strain; mild impingement; partial tendon tear; right elbow sprain/strain; left elbow mild cubital tunnel syndrome; right wrist mild carpal tunnel syndrome; left wrist status post carpal tunnel release surgery; thoracic spine sprain/strain; and lumbar spine strain/sprain. Pursuant to the progress note dated October 2, 2014, the IW complains of pain in the thoracic and lumbar region, and in bilateral wrists and shoulders rated 5/10. Physical examination revealed limited range of motion (ROM). Strength was 5/5. Current medications were not provided. The provider is recommending the following custom compound creams: Flurbiprofen/Lidocaine/Amitriptyline 240gms and Capsaicin/Menthol/Campho/Gabapentin/Cyclobenzaprine 240gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Compound Cream: Flurbiprofen/Lidocaine/Amitriptyline 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Flurbiprophen, Lidocaine, Amitriptyline 240 g is not medically necessary. The topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the dermal patch is indicated for neuropathic pain. No other commercially approved topical formulation of lidocaine, whether creams lotions or gels are indicated for neuropathic pain. In this case, the treating physician wrote for the topical compound above. Lidocaine in any form other than the dermal patch is not recommended. Any compounded product that contains at least one drug (lidocaine) that is not recommended is not recommended. Consequently, topical Flurbiprophen, lidocaine and amitriptyline 240 g is not medically necessary.

Custom Compound Cream: Capsaicin/Menthol/Campho/Gabapentin/Cyclobenzaprine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical capsaicin, menthol, camphor, gabapentin and cyclobenzaprine are not medically necessary. The topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the dermal patch is indicated for neuropathic pain. No other commercially approved topical formulation of lidocaine, whether creams lotions or gels are indicated for neuropathic pain. Gabapentin is not recommended. Cyclobenzaprine is not recommended. In this case, the treating physician wrote for the custom topical analgesic above. Both gabapentin and cyclobenzaprine topical are not recommended. Any compounded product that contains at least one drug (topical gabapentin or cyclobenzaprine or both) that is not recommended is not recommended. Consequently, topical capsaicin, menthol, camphor, Gabapentin and Cyclobenzaprine is not medically necessary.