

Case Number:	CM14-0025105		
Date Assigned:	06/11/2014	Date of Injury:	04/10/2007
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 47 year-old female was reportedly injured on April 10, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 9, 2014, indicates that the injured employee complains of bilateral wrist pain. It is also noted that the injured employee is status post right carpal tunnel release. The physical examination demonstrated right and left hand normal skin color and temperature, well healed scar over right wrist and that the fingers are flexible. There was pain with wrist range of motion. There is tenderness in the right wrist and Positive phalens and tinels on the left wrist. Decreased sensation is noted in the median nerve distribution. Range of motion is within normal limits. Diagnostic studies such as x-rays or EMGs are not available for review in the records provided. Previous treatments for wrist pain are not included in records for review. A request had been made for FluriFlex cream, TLCG and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX CREAM (FLURBIPROFEN/CYCLOBENZAPRINE 15/10%) 180GM:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chronic Pain Medical Treatment; Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Based on the parameters noted in the MTUS, the use of topicals is considered "largely experimental." These types of preparations are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of any failure noted in the records reviewed. Topicals are not used as a first line of treatment for pain. In the above case, there no evidence to substantiate the need for topicals. The injured employee's symptoms have improved with recent surgery. As such this medication is not medically necessary.

**TGLCE CREAM (TRAMADOL/GABAPENTIN/MENTHOL/CAMPHO 8/10/2/2%)
180GM:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: MTUS guidelines recommend topical analgesics in certain circumstances. Topicals are largely experimental in use with few randomized control trials determining the act efficacy and safety. Topical analgesics are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. When noting that neither menthol nor camphor are indicated for the treatment of carpal tunnel syndrome and are not supported by the MTUS the request is considered not medically necessary.