MAXIMUS Federal Services

Case Number:	CM14-0032195		
Date Assigned:	06/20/2014	Date of Injury:	04/23/2013
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic bilateral hand pain reportedly associated with an industrial injury of April 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounded drugs; and earlier removal of a ganglion cyst. In a Utilization Review Report dated February 25, 2014, the claims administrator denied a request for several topical compounded drugs, citing both MTUS and non-MTUS guidelines. The applicant's attorney subsequently appealed. In an earlier note dated December 18, 2013, the applicant was described as having persistent complaints of left hand and wrist pain with associated decreased grip strength about the hand. The applicant was given a 20-pound lifting limitation. It was suggested that the applicant's employer was unable to accommodate these limitations and that she would therefore be placed on total temporary disability as a result. A TENS unit, hot and cold wrap, and transdermal compounds were endorsed on the grounds that the applicant might be pregnant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025 Percent, Flurbiprofen 15 Percent, Tramadol 15 Percent, Menthol 2 Percent, Camphor 2 Percent 240 Gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines ,Compound drugs.

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

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last-line agent, to be employed only in applicants who have demonstrated intolerance to and/or failure of other agents. In this case, there is no evidence of intolerance to and/or failure of other agents, either oral or topical. No compelling rationale for selection of this particular compound was provided. The attending provider did not state why medications such as acetaminophen, which is not contraindicated in pregnancy, could not be employed here. Since one ingredient in the compound, capsaicin, carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Gabapentin 10 Percent Lidocaine 5 Percent Tramadol 15 Percent 240 Gm: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is specifically not recommended for topical compound formulation purposes. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.