

Case Number:	CM14-0035122		
Date Assigned:	06/23/2014	Date of Injury:	12/14/2012
Decision Date:	08/27/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 Medicine and is licensed to practice in Florida. . 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 47-year-old female who reported an injury on 12/14/2012. The mechanism of injury was noted to be lifting up overhead. The injured worker was noted to have the diagnoses of bilateral carpal tunnel syndrome, cervical radiculopathy involving the C5, C6 nerve roots, more so on the left than the right, and bilateral ulnar neuropathy at the elbow, probable cubital tunnel syndrome. The injured worker was noted to have prior treatment of physical therapy, acupuncture, trigger point injections, cortisone injections, use of a transcutaneous electrical nerve stimulation unit, and medications. The injured worker was noted to have an NCV/EMG, MRI, x-ray, and CT scans. The injured worker's surgical history was noted to be cesarean section and tubal ligation. The Primary Treating Physician's Progress Report dated 03/10/2014 notes the injured worker with continued left shoulder pain. The pain radiates into the left scapula and upper left arm. The physical examination notes decreased sensation with the neck, paravertebral tenderness and spasms, especially on the left and also left upper trapezius. There was positive Spurling's on the left. The injured worker was noted to have medications of meloxicam, omeprazole, and transdermal creams. The injured worker will have an epidural injection. The provider's rationale for the request was not provided within the documentation. A Request for Authorization Form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounds/Flurbiprofen 25% Diclofenac 10% (Date of service 10/28/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesia Page(s): 111-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterwards, or with a diminishing effect over a 2 week period. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. The FDA approved routes for administration of flurbiprofen include oral tablets and ophthalmologic solution. Diclofenac is also a nonsteroidal anti-inflammatory medication. Like flurbiprofen is not indicated by the FDA for topical application. The topical NSAIDs are not recommended by the guidelines due to FDA regulations. In addition, the provider's request fails to indicate a quantity, dose, and frequency. As such, the request for compounds flurbiprofen 25%, diclofenac 10% date of service 10/28/2013 is not medically necessary and appropriate.

Capsaicin .0375% Menthol 10%/Camphor 2.5%/Tramadol 20% (Date of service 10/28/13):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesia Page(s): 111-112.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines continue with capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, topical tramadol, is not indicated in a topical form according to the FDA. The documentation provided for review does not indicate that the injured worker has been intolerant to other treatments to warrant a topical form of capsaicin. It is not indicated that the injured worker has failed trials of antidepressants or anticonvulsants, and according to the guidelines, this combination topical medication contains at least 1 agent that is not recommended; therefore, the entire topical medication is not recommended. As such, the

request for capsaicin 0.0375%, menthol 10%, camphor 2.5%, tramadol 20% date of service 10/28/2013 is not medically necessary and appropriate.