

Case Number:	CM14-0036947		
Date Assigned:	06/25/2014	Date of Injury:	09/12/2013
Decision Date:	08/27/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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 and Rehabilitation, has a subspecialty in Pain 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 is a 21-year-old female who reported injury on 09/12/2013 due to an accidental stabbing in the thumb region by a co-worker while preparing food. She has diagnoses of adjustment disorder due to chronic pain mixed with anxiety and depressed mood, right carpal tunnel syndrome, and status post laceration of the right thumb. Her past treatment includes the use of wrist splints, psychological evaluations, chiropractic therapy, physical therapy, and medication therapy. She has undergone a nerve conduction velocity/electromyography (NCV/EMG) study of the right upper extremity. The injured worker complained of constant right wrist/hand pain with numbness and tingling. She also stated that it worsened with work and rated her pain at a 6-7/10. Physical examination dated 01/13/2014 revealed that the injured worker had a range of motion of the right wrist with a flexion of 60 degrees, extension of 55 degrees, radial deviation of 15 degrees, and an ulnar deviation of 25 degrees. Phalen's test was positive on the right. The submitted report lacked any evidence of motor strength of the wrists. Her medications include Terocin 240 ml, Flurbi cream 180 grams, Gabacyclotram 180 grams, Genicin 90 capsules, Glucosamine Sodium 500 mg, Somnicin 30 capsules, L Tryptophan 100 mg, Pyridoxine 10 mg, Magnesium 50 mg, Naproxen 550 mg, and Omeprazole 20 mg. The frequency and duration were not submitted in the report. The treatment plan for the injured worker was to obtain a wrist brace to help with restoration in function, undergo a right/hand evaluation with a specialist, and continue with prospective medications of 1 container of Flurbi cream, Terocin cream, and Gabacyclotram. The rationale and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 container of Gabaclyotram 180 grams: Upheld

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

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

Decision rationale: The injured worker complained of constant right wrist/hand pain with numbness and tingling. She also stated that it worsened with work and rated her pain at a 6-7/10. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 the submitted report, there was no documentation as to where the cream would be applied and the amount. The report also lacked quantified evidence of the effectiveness of current medications the injured worker was taking. Furthermore, the request was for a compound that per California MTUS Guidelines is not recommended. The request included Gabapentin, Cyclobenzaprine and Tramadol which are not supported for topical application. The submitted request also lacked a frequency and dosage on the medication. As such, the request for 1 container of Gabaclyotram 180 grams is not medically necessary.

Prospective request for 1 container of Terocin Cream 240 ml: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin cream contains Lidocaine 4 % and Menthol 4%. The guidelines state that there are no other commercially approved topical formulation for Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed cream contains Lidocaine. Furthermore, there was a lack of subjective complaints of neuropathic pain. There was also no rationale as to why the injured worker would require a topical cream instead of oral medications. The frequency for the proposed medication was not provided in the submitted request. As Terocin cream contains Lidocaine which is not recommended, the proposed compounded

product is not recommended. As such, the prospective request for 1 container of Terocin cream 240 ml is not medically necessary.

Prospective request for 1 container of Flurbi (NAP) Cream 180 grams: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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 afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Given the above, the proposed medication is not recommended by the Medical Treatment Utilization Schedule Guidelines. Furthermore, in the submitted report, there was no documentation as to where the cream would be applied and the amount applied. There was also a lack of evidence of range of motion, strength and/or effectiveness of the current medications the injured worker was taking. There were no substantial physical findings in regards to the injured worker's right wrist/hand and thumb. As such, the prospective request for 1 container of Flurbi (NAP) cream 180 grams is not medically necessary.