

Case Number:	CM14-0038878		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2010
Decision Date:	08/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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 Texas and Oklahoma. 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 57-year-old male who reported an injury on 03/15/2010 due to continuous stress and strain while employed as a firefighter. The injured worker has diagnoses of carpal tunnel syndrome bilaterally, herniated disc C4-5, degenerative cervical spine disc disease, degenerative lumbosacral disc disease, and radiculopathy upper and lower bilateral extremities. The injured worker's past treatment included the use of wrist supports, steroid injections, and medication therapy. An EMG/NCV done on 12/08/2011 revealed that the injured worker had carpal tunnel syndrome bilaterally. The injured worker complained of a flare-up in bilateral carpal tunnel wrists; the injured worker also complained of cervical spine pain and lumbar spine pain. There was no measurable level of pain documented in the submitted report. The physical examination dated 07/10/2014 revealed that the injured worker's left wrist had a flexion of 48 degrees and an extension of 50 degrees. The injured worker revealed to have a positive Phalen's test bilaterally. He also had a positive Durkan's test bilaterally. The injured worker's medications included tramadol ER 150 mg and ibuprofen 800 mg. The report did not document the frequency or the duration of the medication. The treatment plan was for the topical use of tram/dext/caps/lipo and for topical cream flur/lido/menthol/camp/lipo. The rationale and Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tram/Dext/Caps/Lipo 19.5/13/03/97.4gm DOS 12/17/13: Upheld

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

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

Decision rationale: The request for Retrospective Tram/Dext/Caps/Lipo 19.5/13/03/97.4 gm DOS 12/17/13 is non-certified. The injured worker complained of a flare-up in bilateral carpal tunnel wrists; the injured worker also complained of cervical spine pain and lumbar spine pain. There was no measurable level of pain documented in the submitted report. 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. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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. The proposed cream contains a 0.3% formulation of capsaicin, 19.5% formulation of tramadol, 13% formulation of dextromethorphan, and 97.4% formulation of lipoic acid. The request exceeds the recommended guidelines of 0.025% formulation of the capsaicin. In addition, the quantity and frequency for the proposed medication was not provided. The proposed compounded product is not recommended by the MTUS. Given the above, the request is non-certified.

Retrospective Flur/Lido/Menth/Camp/Lipo 23/6/5/6/5/1.3/89/7gm DOS: 12/17/13: Upheld

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

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

Decision rationale: The request for Flur/Lido/Menth/Camp/Lipo 23/6/5/6/5/1.3/89/7 gm DOS 12/17/13 is non-certified. The injured worker complained of a flare-up in bilateral carpal tunnel wrists; the injured worker also complained of cervical spine pain and lumbar spine pain. There was no measurable level of pain documented in the submitted report. 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. . 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. Lidocaine is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. The proposed compounded product contains flurbiprofen 23%, Lidoderm 6%, menthol and lipoic acid. The Lidoderm 6% exceeds the recommended 4% that had been tested by the FDA. Given the above, the compounded product is not within MTUS guidelines. In addition, the dose, frequency, and quantity of the proposed medication were not provided. Given the above, the request is non-certified.

Retrospective Tram/Dext/Caps/Lipo 19.5/13/03/97.4gm DOS 9/10/13: Upheld

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

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

Decision rationale: The request for Tram/Dext/Caps/Lipo 19.5/13/03/97.4 gm DOS 9/10/13 is non-certified. The injured worker complained of a flare-up in bilateral carpal tunnel wrists; the injured worker also complained of cervical spine pain and lumbar spine pain. There was no measurable level of pain documented in the submitted report. 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. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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. The proposed cream contains a 0.3% formulation of capsaicin, 19.5% formulation of tramadol, 13% formulation of dextromethorphan, and 97.4% formulation of lipoic acid. The request exceeds the MTUS Guidelines of a formulation of 0.025% capsaicin. In addition, the frequency and quantity for the proposed medication were not provided. The proposed compounded product is not recommended by the MTUS. Given the above, the request is non-certified.

Retrospective Flur/Lido/Meth/Camph/Lipo 23/6.5/6.5/1.3/89.7gm DOS: 9/10/13: Upheld

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

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

Decision rationale: The request Flur/Lido/Meth/Camph/Lipo 23/6.5/6.5/1.3/89.7gm DOS 9/10/13 is non-certified. The injured worker complained of a flare-up in bilateral carpal tunnel wrists; the injured worker also complained of cervical spine pain and lumbar spine pain. There was no measurable level of pain documented in the submitted report. 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. . 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. Lidocaine is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. The proposed compounded product contains flurbiprofen 23%, Lidoderm 6%, menthol and lipoic acid. The Lidoderm 6% exceeds the recommended 4% that had been tested by the FDA. Given the above, the compounded product is not within MTUS guidelines. In addition, the dose, frequency, and quantity of the proposed medication was not provided. Given the above, the request is non-certified.