

Case Number:	CM14-0041301		
Date Assigned:	07/07/2014	Date of Injury:	05/10/2012
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family 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:

This injured worker's date of injury is 05/10/2012. This injured worker receives treatment for chronic pain of the hands, wrist, elbow, and neck that arose after a slip and fall injury at her place of employment. The patient underwent surgical treatment of carpal tunnel syndrome on the L wrist on 06/26/2012 and the R wrist on 08/06/2012. MRI imaging reveals degenerative disc disease from C4 through C7. This patient does work and is considered partially disabled. The treating physician states in the report dated 01/09/2014 that the patient continues to have wrist and elbow pain. On exam there is tenderness in the medical aspect of the left elbow. The wrist exam shows weak grip and tenderness at the velar aspect of both wrists. The diagnoses are left medical epicondylitis and cubital tunnel syndrome. This review concerns requests for a compounded analgesic cream and patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% + Lidocaine 2% in with Aloe Vera 0.5% + Emu Oil 30% + Capsaicin (Natural) 0.025% + Menthol 10% + Camphor 5% Gel: Upheld

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

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

Decision rationale: This patient receives treatment for chronic wrist and elbow pain, despite carpal tunnel release. Topical analgesics are considered experimental when used to treat musculoskeletal pain, because clinical trials have failed to show efficacy. In addition, with any compounded product, if it contains at least one drug or drug class that is not recommended, then the product cannot be recommended. Gabapentin, an anti-epileptic drug (AED), is not recommended in any topical formulation, as there is no peer-reviewed study to recommend it. Lidocaine is not recommended, except in the FDA approved Lidoderm patch, when used as a second line agent for peripheral neuropathy. Capsaicin cream may be clinically indicated, when used by itself for post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain. Capsaicin is not clinically indicated in this patient. There is no peer reviewed data to recommend topical menthol. The request for this compounded agent is not medically indicated.

Flurbiprofen/Capsaic (Patch): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines. Decision based on Non-MTUS Citation Daily Med; <http://dailymed.nlm.nih.gov/dailymed/druginfo>.

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

Decision rationale: This patient receives treatment for chronic wrist and elbow pain, despite carpal tunnel release. Topical analgesics are considered experimental when used to treat musculoskeletal pain, because clinical trials have failed to show efficacy. In addition, with any compounded product, if it contains at least one drug or drug class that is not recommended, then the product cannot be recommended. Flurbiprofen is an NSAID. There is only one intermediate quality study that compared this drug in a patch form against piroxicam gel. Topical NSAIDs generally are not medically recommended, because, as in this study, the number of subjects is small and the duration is short. Any benefit seen was limited to 2 weeks. Capsaicin cream may be clinically indicated, when used by itself, for post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain. Capsaicin is not clinically indicated in this patient. This compounded patch is not medically indicated.