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| Case Number: | CM14-0044442 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/14/2012 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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 and Environmental Medicine, and is licensed to practice in West Virginia, and Ohio. 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 30 year old male with a 5-14-2012 date of injury. The patient complains of constant bilateral upper extremity pain with numbness and tingling and nighttime paresthesia (subjective). Objective signs include positive Tinel's sign at the elbow and positive Tinel's and Phalen's sign at both wrists. Dysesthesia at the digits and a weak grip were also noted. The patient has a diagnosis of bilateral carpal tunnel syndrome, whereas the right wrist has been confirmed with EMG and MRI, and mild flexor tenosynovitis of the right wrist. Treatment has included physical therapy, rest and medications including Menthol/ Camphor/ Capsaicin/ Hyaluroic Acid cream. The second medication on the utilization review, 3-27-14, included Gabapentin/ Lidoderm, Aloe/ Emu oil and Capsaicin. Both medication formulation's were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthol/Camphor/Capsaicin/Hyaluronic Acid Topical Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Guidelines.

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

Decision rationale: Topical analgesics are largely experimental and there are few trials to determine efficacy and safety. They are recommended for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. They are directly applied to the skin to the area of discomfort. They are not systemically absorbed, so therefore, they have a lack of systemic side effects. MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. Capsaicin is recommended only as an option in individuals who have not responded to, or are intolerant to other treatments. A documented failure of an antidepressant and an anticonvulsant were not noted in the medical records. Therefore, the request is not medically necessary.

Gabapentin/Lidoderm/Aloe/Emu Oil/Capsaicin Patch #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Guidelines.

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

Decision rationale: MTUS Guidelines state that any compounded product that contains at least one drug that is not recommended, is not recommended for use. The use of these compounded agents requires knowledge of the specific analgesic effect of each medication to determine its usefulness towards a specific treatment goal. Lidoderm, Aloe, Emu Oil and Capsaicin are recommended topical agents in certain instances. However, Gabapentin is not recommended because there is no peer-reviewed literature to support its use. Therefore, the request is not medically necessary.