

Case Number:	CM14-0046761		
Date Assigned:	07/02/2014	Date of Injury:	06/01/2003
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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, 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 50-year-old female who reported an injury on 06/01/2003. The mechanism of injury was not provided in the medical records. Her diagnoses include cervical disc protrusion, upper extremity overuse tendonitis, left shoulder impingement with calcific tendonitis, left lateral/medial epicondylitis, right shoulder tendinopathy/partial rotator cuff tear, carpal tunnel syndrome, and bilateral ulnar neuropathy of the elbows. Her previous treatments were noted to include bracing, cortisone injections, an ergonomic workstation, participation in a home exercise program, medications, and multiple surgeries. Her surgical history was noted to include a right shoulder arthroscopy, left shoulder arthroscopy, a left cubital tunnel release, and a left carpal tunnel release. On 05/09/2014, the injured worker presented with complaints of neck and left elbow pain described as burning and aching. Her physical examination revealed tenderness to palpation of the cervical region, restricted cervical range of motion, tenderness to palpation of the shoulder, normal neurological testing, tenderness to palpation at the medial and lateral epicondyles of the left elbow, and restricted range of motion of the left elbow and forearm. She was also noted to have decreased grip strength and sensation in the bilateral hands. Her medications were noted to include Motrin, Condrolite, and Flexeril and were noted to provide benefit. A treatment plan included continued conservative therapy with medical refills. A request was received for topical analgesics. However, the rationale for these compounds and the Request for Authorization form were not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX 15/10% 180 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/NSAIDS, TOPICAL ANALGESICS.

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

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended to treat neuropathic pain when trials of anticonvulsants and antidepressants have failed. The guidelines also state that topical compounded products that contain at least one drug that is not recommended, are also not recommended. FluriFlex is noted to include flurbiprofen 15% and Cyclobenzaprine 10%. Concerning flurbiprofen, the guidelines state that topical NSAIDs may be recommended for the short term treatment of osteoarthritis pain in joints that lend themselves to topical treatment, including the elbow, hand and wrist. The injured worker was noted to have pain in the elbow, hand, and wrist; however, the request failed to indicate which body part the requested topical compound was to be applied. In addition, she was not noted to have osteoarthritis in any of these areas. Therefore, use of topical NSAIDs is not supported. Additionally, the guidelines state that there is no evidence to support use of muscle relaxants as topical products at this time. Therefore, topical Cyclobenzaprine is not supported. As the topical compound contains flurbiprofen and Cyclobenzaprine that are not supported, the topical compound is also not supported. Therefore, the request is not medically necessary.

TGHOT .05 % 180 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/NSAIDS, TOPICAL ANALGESICS.

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

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended to treat neuropathic pain when trials of anticonvulsants and antidepressants have failed. The guidelines also state that topical compounded products that contain at least one drug that is not recommended, are also not recommended. TGHOT is noted to include tramadol, gabapentin, methol, camphor, and capsaicin. The guidelines state that there is no peer review literature to support gabapentin as a topical product. Additionally, capsaicin is only recommended topically in patients who have not responded or were intolerant to other treatments. The clinical information submitted for review failed to provide adequate documentation indicating an intolerance or nonresponsive to first line medications to warrant use of topical capsaicin. In addition, gabapentin is not supported based on

lack of peer review literature to support its use. As the requested topical compound contains capsaicin and gabapentin that are recommended, the topical compound is also not supported according to the guidelines. Therefore, the request is not medically necessary.