

Case Number:	CM14-0047900		
Date Assigned:	07/02/2014	Date of Injury:	03/20/2013
Decision Date:	09/10/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 patient is a 49-year-old male who has submitted a claim for carpal tunnel syndrome (median nerve entrapment at the bilateral wrists, tendinitis/bursitis of the bilateral hands/wrists, and aftercare for surgery of the musculoskeletal system (bilateral carpal tunnel releases) associated with an industrial injury date of March 20, 2013. Medical records from 2013-2014 were reviewed. The patient complained of bilateral wrist and hand pain, which was constant and severe. The pain has associated swelling and weakness. It was aggravated by drive and grip with force. The patient has noted swelling extending to his fingers especially with overuse. Physical examination showed decreased bilateral median nerve peripheral distributions at the wrists. Deep tendon reflexes, dermatomes, and myotomes were within normal limits bilaterally. There was +3 spasm and tenderness to the bilateral anterior wrists and posterior extensor tendons. There was limited range of motion on both wrists with pain. Tinel's, and Bracelet test were positive bilaterally and Phalen's test was positive on the left. Imaging studies were not available for review. Treatment to date has included physical therapy, activity modification, and bilateral carpal tunnel release. Utilization Review, dated April 13, 2014, denied the request for topical compound (lidocaine 6% gabapentin 10% 180gm x 2 refills) and topical compound (flurbiprofen 15% cyclobenzaprine 2% baclofen 2% lidocaine 5% 180gm x 2 refills) because any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended; and modified the request for Tramadol 50mg #90 to Tramadol 50mg #45 to facilitate weaning and because there was no documentation of a maintained increase in function or decrease in pain with the use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

INFLAMMATION TOPICAL COMPOUND (LIDOCAINE 6% GABAPENTIN 10% 180GM with 2 REFILLS): 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: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the use of tropical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines state that there is no evidence to support the use of topical gabapentin and lidocaine (in creams, lotion or gels). Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Gabapentin is not recommended for use as a topical analgesic. In this case, the patient was prescribed Lidocaine 6% Gabapentin 10% 180gm on February 12, 2014 for inflammation. However, the use of gabapentin or lidocaine in a topical formulation is not recommended. Furthermore, there is no discussion in the medical records that the patient has not responded or is intolerant to oral medications. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Topical Compound (Lidocaine 6% Gabapentin 10% 180gm with 2 refills) is not medically necessary.

MUSCULAR PAIN TOPICAL COMPOUND (FLURBIPROFEN 15% CYCLOBENZAPRINE 2% BACLOFEN 2% LIDOCAINE 5% 180GM with 2 REFILLS): 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: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Compounded products have limited published studies concerning its efficacy and safety. There is little to no research to support the use of many of these agents. There is little to no research as for the use of flurbiprofen in compounded products. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Baclofen in a topical formulation is not supported by the guidelines. There is no evidence for use of Cyclobenzaprine as a topical product. In this case, the patient was prescribed Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% 180gm on February 12, 2014

for muscular pain. However, the topical compound contains Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Furthermore, there is no discussion in the medical records that the patient has not responded or intolerant to oral medications. Therefore, the request for Topical Compound (Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% 180gm with 2 refills) is not medically necessary.

TRAMADOL 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to pages 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the rationale for the request was not provided. Moreover, it is not known from the medical records submitted whether the patient was taking this medication in the past or not. Furthermore, Tramadol is not recommended as a first-line oral analgesic. There was no mention regarding failed use of other oral pain medications. The medical necessity has not been established. Therefore, the request for Tramadol 50 #90 is not medically necessary.