

Case Number:	CM14-0052797		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2013
Decision Date:	08/26/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Arizona. 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 19 year old female with a date of injury on 3/25/2013. Diagnoses include left carpal tunnel syndrome, left cubital tunnel syndrome, and left wrist strain/sprain. Subjective complaints are of pain in hands and into the proximal arms, shoulder, and neck. The physical exam shows full range of motion in the cervical spine and left arm. There was tenderness over the left shoulder, medial epicondyle, triangular fibrocartilage complex, and there was a positive Tinel's and Phalen's test. The prior treatment has included medications, acupuncture, and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-Capsaicin 0.025 percent, Flurbiprofen 15 percent, Tramadol 15 percent, Menthol 2 percent, Camphor 2 percent 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, 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 CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While

capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Guidelines do not recommend topical tramadol, as no peer-reviewed literature supports its use. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to this topical medication not being in compliance to current use guidelines, the request is not medically necessary and appropriate.

Retro - Cyclobenzaprine 2 percent, Flurbiprofen 20 percent 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, 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 CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Guidelines do not recommend topical cyclobenzaprine as no peer-reviewed literature support their use. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction. Therefore, the medical necessity of this compounded medication is not established. The request is not medically necessary and appropriate.