

Case Number:	CM14-0053418		
Date Assigned:	07/07/2014	Date of Injury:	06/18/2012
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
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 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 24 year old patient had a date of injury on 6/18/2012. The mechanism of injury was she was carrying clothes and putting it on a rack when she heard a cracking sound in left hand. On a progress note dated 3/11/2014, the patient complains of intermittent moderate dull, achy left wrist pain, stiffness, numbness, tingling and weakness associated with bending, grabbing/grasping, gripping and squeezing. The objective findings include swelling and WHSSx1 present at left wrist, ranges of motion are decreased and painful, and there is +3 tenderness to palpation of the dorsal wrist and volar wrist. Diagnostic impression shows left carpal tunnel syndrome, left wrist pain, loss of sleep, sleep disturbance, anxiety and depression. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 3/14/2014 denied the request for Flurbiprofen 20%/tramadol20% in mediderm base #30, and Gabapentin10%/Dexomethorphan 10%/amitriptyline 10% in mediderm base #30, stating that there is not pre-existing GI disease and no upper GI side effects following use of multiple oral medications. It is not practical to apply analgesic cream over multiple body parts with chronic pain. Such creams are useful in acutely painful localized conditions and guidelines quoted indicate that the compounded medications are not recommended. They are experimental and have no evidence based proof of their efficacy in chronically painful conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

30grams -Flurbiprofen 20%/ Tramadol 20%/ in Mediderm base: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/medi-derm-rx.html>.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. Mediderm is a combination of Capsaicin .035%, menthol 5%, and methyl salicylate 20%. It is used for the temporary relief of minor aches and pains of muscles and joints associated with arthritis, simple backbone, strains, sprains, muscle soreness and stiffness. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the reports viewed, and on a progress report dated 10/28/2013, the doctor noted the patient was not responding to physical therapy. However, there was no discussion of failure of other conservative treatments such as oral NSAIDs and whether the patient demonstrated any intolerable gastrointestinal events that would justify the use of this medication. Therefore, the request for flurbiprofen 20%/Tramadol 20% in mediderm base was not medically necessary.

30grams Gabapentin 10% Dexomethorphan 10% Amitriptyline 10% in Mediderm base:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/medi-derm-rx.html>.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Mediderm is a combination of Capsaicin .035%, menthol 5%, and methyl salicylate 20%. It is used for the temporary relief of minor aches and pains of muscles and joints associated with arthritis, simple backbone, strains, sprains, muscle soreness and stiffness. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the reports viewed, and on a progress report dated 10/28/2013, the doctor noted the patient was not responding to physical thereapy. However, there was no discussion of failure of other conservative treatments such as oral NSAIDs and whether the patient demonstrated any intolerable gastrointestinal events that would justify the use of this medication. Therefore, the request for Gapapentin 10% dextromethorphan 10%/amitriptyline 10% in Mediderm base is not medically necessary.

