

Case Number:	CM14-0056923		
Date Assigned:	07/09/2014	Date of Injury:	03/09/2001
Decision Date:	09/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 Texas. 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 65 year old female who suffered a work related injury on 03/08/2001. The most recent documentation submitted for review is dated 05/09/14. On that date the injured worker presented with cervical spine pain, bilateral shoulder discomfort and bilateral wrist pain. She complains of numbness and tingling in both hands as well as radiating pain extending to both hands. She describes tingling in both of her feet. She is taking medication to help control her symptoms and states that they have been helpful. Physical examination cervical spine flexion extension is 30 degrees. There is tenderness to palpation over the paravertebral and trapezial musculature. Spasm is present. Bilateral shoulders; flexion and abduction measures 160 degrees. Tenderness is palpable over the biceps tendon. Spasm is present over the trapezial region. Bilateral wrists; tenderness is palpable. Flexion extension is 60 degrees. Finkelstein test is positive. Normal motor, reflex and sensory exam upper and lower extremities. Straight leg raising produces pain in the sacrum region and coccyx. Coccyx is tender to palpation over the sacral coccygeal area. Diagnosis is coccyx pain. Cervical spine musculoligamentous sprain. Biceps tendonitis both shoulders. Bilateral carpal tunnel syndrome. Prior utilization review on 04/01/14 was non-certified. In reviewing the 87 pages of documentation submitted for review, there is no documentation of functional benefit from the medication. Nor are there any visual analog scores with and without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% 30gm: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.