

Case Number:	CM14-0063336		
Date Assigned:	07/18/2014	Date of Injury:	11/06/2008
Decision Date:	09/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 58 year old employee with date of injury of 11/6/2008. Medical records indicate the patient is undergoing treatment for bilateral carpal tunnel syndrome per electro-diagnostic studies; lumbosacral strain/sprain; bilateral wrist with chronic sprain and strain to include overuse syndrome and C5-6 herniated disc of 4-5mm. Subjective complaints include constant neck pain, rated 5-7/10 that radiates to shoulder; constant elbow pain that is rated at 5/10; wrist pain with repetitive gripping, grasping, pushing and pulling; the right is greater than the left with numbness and tingling; constant low back pain, rated 7/10 which radiates to feet, right greater than left with numbness in the right leg. Objective findings include tenderness at L4-5 and L5-S1 levels as well as paraspinal muscles. On exam of her elbow, she has pain in the elbow and wrist tendons bilaterally. She has a positive compression test bilaterally, positive Phalen's and Tinel signs bilaterally, positive thenar weakness and abductor pollicis brevis weakness bilaterally. She has failed conservative treatment. Treatment has consisted of home exercises, braces, heat pad with pump and interferential stimulation. Medications have included anti-inflammatories and analgesics. Her physician has recommended carpal tunnel release. The utilization review determination was rendered on 4/24/2014 recommending non-certification of Retrospective Ketorub; Flurbiprofen and Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketorub; Flurbiprofen; Medrox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113-114. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s):) 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. The Medrox patches contain topical menthol, capsaicin, and Salicylate. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl Salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical Salicylate (e.g., Ben-Gay, methyl Salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." As such the request for Ketorub; Flurbiprofen; Medrox is not medically necessary.