

Case Number:	CM14-0067297		
Date Assigned:	07/11/2014	Date of Injury:	09/16/2008
Decision Date:	10/02/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 46 year old female injured on 09/06/08 as a result of cumulative trauma resulting in neck, right upper extremity, and low back pain. Diagnoses included chronic cervical myofascial sprain/strain with cervical radiculopathy, right shoulder impingement syndrome, failed cubital tunnel surgery, and carpal tunnel syndrome. Prior treatment included medication management, physical therapy, acupuncture, two cervical epidural steroid injections with temporarily relief, and two cortisone injections to the right shoulder with temporarily relief. Clinical note dated 04/16/14 indicated the injured worker presented complaining of neck pain radiating to bilateral upper extremities with associated numbness and tingling, right shoulder pain, right elbow pain, right wrist pain with numbness, tingling, and weakness in the hands and fingers and constant low back pain radiating to the right foot with numbness in the great toe. Physical examination revealed slight loss of range of motion of the neck with slight right paraspinal spasm and tenderness, no evidence of radiculopathy, slight loss of range of motion of the right shoulder with subacromial tenderness and positive impingement test, right elbow was positive Tinel tests over ulnar nerve, and right wrist revealed positive Tinel test and positive Phalen test. Medications included Norco. The initial for compounded analgesics was considered not medically necessary on 04/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 25%/Diclofenac 10% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: 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. Further, California Medical Treatment Utilization Schedule, 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 Flurbiprofen which has 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 Flurbiprofen 25%/Diclofenac 10% 240gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Compound Capsaicin .0375%/ Menthol 10%/ Camphor 2.5%/ Tramadol 20%, 240gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111.

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

Decision rationale: 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. Further, California Medical Treatment Utilization Schedule, 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 multiple components which have not been approved for transdermal use. Therefore this Compound Capsaicin .0375%/ Menthol 10%/ Camphor 2.5%/ Tramadol 20%, 240gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.