

Case Number:	CM14-0071037		
Date Assigned:	07/14/2014	Date of Injury:	05/17/2013
Decision Date:	09/24/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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:

The patient is a 44-year-old female who has submitted a claim for radial styloid tenosynovitis of the right wrist, rotator cuff sprain, strain of right shoulder, medial epicondylitis of the right elbow, and lateral epicondylitis of the right elbow associated with an industrial injury date of May 17, 2013. Medical records from October 25, 2013 up to April 2, 2014 were reviewed showing constant severe sharp pain of right wrist and hand. Pain was aggravated by opening jars, gripping, and grasping. There was numbness and tingling. Patient also complained of right shoulder pain described as moderate and pressure like. Pain was aggravated by using the right hand. She also complained of right elbow pain described as pressure like with associated numbness over the elbow. Patient has limited capacity to perform ADLs. Shoulder examination revealed -3 spasm, tenderness over the right rotator cuff muscles and right upper shoulder muscles, and positive supraspinatus test on the right. Patient also had limited ROM. Elbow examination showed -3 spasm and tenderness over the right lateral and medial epicondyles, and positive Cozen's test and reverse Cozen's test on the right with limited ROM. Wrist and hand examination showed +4 spasm and tenderness over the right anterior wrist, right posterior extensor tendons and lateral wrist with limited ROM. Tinel, Bracelet, and Finkelstein tests were positive on the right. Treatment to date has included inflammation topical compound, muscular pain topical compound, right thumb tenovagotomy, and physical therapy. Utilization review from April 17, 2014 denied the request for topical compound Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180 gm with two refills, topical compound Lidocaine 6%, Gabapentin 10%, Tramadol 10% 180 gm with two refills, and Work hardening screening. Regarding the topical compounds, the reason for denial

was not made available. Regarding the request for work hardening program, the patient is currently being treated with physical therapy with reported improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apply a thin layer to affected area BID as directed by physician topical compound Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180 gm with two refills: 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 Topical analgesics Page(s): 111-113.

Decision rationale: The Expert Reviewer's decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical NSAID approved by FDA is Diclofenac, which has not been evaluated for treatment of the spine, hip, or shoulder. Flurbiprofen and baclofen are not recommended as a topical medication. Cyclobenzaprine is not recommended for use as a topical analgesic. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, the patient was prescribed with the compound cream on 4/2/2014. The requested compound cream contains Flurbiprofen, Cyclobenzaprine, Lidocaine, and Baclofen, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore the request for apply a thin layer to affected area bid as directed by physician topical compound Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180 gm with two refills is not medically necessary.

Apply a thin layer to affected area BID as directed by physician topical compound Lidocaine 6%, Gabapentin 10%, Tramadol 10% 180 gm with two refills: 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 Topical analgesics Page(s): 111-113.

Decision rationale: The Expert Reviewer's decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical NSAID approved by FDA is Diclofenac, which has not been evaluated for treatment of the spine, hip, or shoulder. Tramadol and gabapentin are not recommended as a topical analgesic. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated

for neuropathic or non-neuropathic pain complaints. In this case, the patient was prescribed with the compound cream on 4/2/2014. The requested compound cream contains tramadol, Lidocaine, and Gabapentin, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore the request for apply a thin layer to affected area bid as directed by physician topical compound Lidocaine 6%, Gabapentin 10%, Tramadol 10% 180 Gm with two refills is not medically necessary.

Work hardening screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/ Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine, Work Conditioning.

Decision rationale: The Expert Reviewer's decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; worker must not be more than 2 years past injury date; a defined return to work goal; and the program should be completed in 4 weeks. ODG Physical Medicine Guidelines recommend 10 visits over 8 weeks for work conditioning. In this case, the patient had participated in 4 conservative therapy sessions and reported functional improvement. She has also completed 7 physical therapy sessions out of the 12 approved physical therapy visits. It was documented that there is progressing functional improvement with physical therapy. Patient is currently undergoing continued physical therapy which does not concur with the recommended guidelines for work hardening program therefore, the request for work hardening screening is not medically necessary.