

Case Number:	CM14-0071266		
Date Assigned:	07/14/2014	Date of Injury:	05/04/2012
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
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:

This patient is a 54 year old female employee with date of injury of 5/4/2012. A review of the medical records indicate that the patient is undergoing treatment for Carpal Tunnel Syndrome (first noted on 10/31/2013) triangular fibrocartilage complex tears in both wrists, cysts in both wrists, and gastritis. Subjective complaints include (4/17/2014) moderate wrist pain radiating to her bilateral arms, hands, and fingers. Patient also reports severe numbness and tingling and swelling of the hands and fingers. Objective findings include (4/17/2014) decreased grip strength bilaterally, tenderness to palpation of the bilateral extensor muscles, wrist joints, thenar eminences, and limited range of motion secondary to pain. Carpal Tinel's and Phalen's were reported on the right only (4/17/2014). Treatment has included (4/17/2014) unspecified physical therapy and acupuncture. Medical records did not list what medications were previously tried or failed. The utilization review dated 5/7/2014 non-certified the following: 1.240 GR CAPSAICIN 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% due to containing non-approved components for topical use. 2.240 gm Amitriptyline 4%, Dextrmethorphan 10%, and Tramadol 20% due to containing non-approved components for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 GR CAPSAICIN 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%: 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 Capsaicin, Topical Analgesics Page(s): 28,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: ODG recommends 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." CAPSAICIN: MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "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." Capsaicin is not indicated in this case. FLURBIPROFEN: 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. TRAMADOL: MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. MENTHOL: 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." CAMPHOR: ODG is silent. This compound medication contains several non-approved components. As such, the request for 240 GR CAPSAICIN 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary.

240 gm Amitriptyline 4%, Dextrmethorphan 10%, and Tramadol 20%: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: ODG recommends 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." TRAMADOL: MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. This

compound medication contains non-approved components. As such, the request for 240 gm Amitriptyline 4%, Dextrmethorphan 10%, and Tramadol 20% is not medically necessary.