

Case Number:	CM14-0076559		
Date Assigned:	07/18/2014	Date of Injury:	04/04/2006
Decision Date:	09/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Pain 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 53 year old female who sustained an industrial injury on 04/04/2006. There is mention of the patient having undergone right hand CTS surgery in August 2013 and history right shoulder arthroscopy. According to the 3/17/2014 PTP progress report, the patient has ongoing complaints of right shoulder, forearm and thumb pain, rated 6/10. She complains of triggering of the thumb, popping and locking in the thumb and elbow. Examination documents 14/12 grip strength, decreased right shoulder ROM limited by pain, spasm, positive impingement, tenderness of the forearm flexors, decreased ROM of the right thumb, 2/4 reflexes, 5/5 motor strength except for 4/5 right finger abductor and abductor pollicis brevis strength. Thirteen diagnoses are listed. Authorization is requested for UDS, refills of topical creams, lidoderm patches, Flexeril, 1st digit and right thumb trigger finger release. She is TTD status.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot (Tramadol 85 Gabapentin 105 menthol 25 Camphor 2% Capsaicin 0.05% 180gm jar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: TGHOT cream is a compounded topical product containing Tramadol, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain when first-line measures have failed. The medical records do not establish neuropathic pain with failure of first-line measures. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not substantiate there are any issues with oral medication tolerance. According to the guidelines, Gabapentin is not recommended in topical formulations. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines, and is not medically necessary. The request is non-certified.

Flurflex; Cyclobenzaprine 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This product is a topical compound containing NSAID Flurbiprofen and muscle relaxant Flexeril. The CA MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, the application of any muscle relaxant in a topical formulation is not recommended, as there is no evidence for use of any muscle relaxant as a topical product. In addition, the medical records do not establish the patient is intolerant to oral analgesics, which is standard acceptable care. Consequently, under the evidence based guidelines, this compound is not recommended, and therefore is not deemed appropriate or medically necessary. The request is non-certified.

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain Chapter, Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this

patient has failed first line measures. Additionally, there is no clinical evidence in the progress report to support a neuropathic pain condition. Furthermore, the patient has been utilizing this product, however, objective functional improvement has not been established. The medical necessity of Lidoderm patch has not been established. The request is non-certified.