

Case Number:	CM14-0077648		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2012
Decision Date:	12/25/2014	UR Denial Date:	04/28/2014
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 Interventional Spine 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 33 year old with an injury date on 1/5/12. Patient complains of increased pain (primarily at night) with multiple body complaints including the head, shoulders, hips, hands, and knees per 1/9/14 report. Based on the 1/9/14 progress report provided by the treating physician, the diagnoses are: 1. bilateral carpal tunnel syndrome 2. bilateral cubital tunnel syndrome 3. diffused tenderness over entire forearm 4. left thumb and middle finger triggering Exam on 1/9/14 showed "C-spine range of motion limited. Right shoulder range of motion limited. Bilateral elbow range of motion is full. L-spine range of motion is stiff, limited." Patient's treatment history includes medications. The treating physician is requesting 240gm capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, camphor 2%, Qty: 30, and 240gm cyclobenzaprine 2%, flurbiprofen 20%, Qty: 30. The utilization review determination being challenged is dated 4/28/14. The requesting physician provided treatment reports from 10/31/13 to 9/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Salicylate topicals Page(s): 105, 111-113.

Decision rationale: This patient presents with pain in the head, shoulders, hips, hands, and knees. The treater has asked for 240gm capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, camphor 2%, Qty: 30 on 1/9/14. Patient has been administered a "transdermal cream" (unspecified) on 10/31/13 report. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is indicated for most chronic pain conditions. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. In this case, the patient does present with arthritis/tendinitis of the hands for which this topical medication is indicated. The treater does not indicate, however, how this topical product is being used and with what efficacy either. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of indication and documentation of efficacy, treatment is not medically necessary and appropriate.