

Case Number:	CM14-0087079		
Date Assigned:	07/23/2014	Date of Injury:	01/16/1997
Decision Date:	09/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 & Rehabilitation, 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 55 year old female who was injured on 01/18/1997 while performing repetitive use of the bilateral wrist and hands for grasping, pulling and typing. Prior treatment history has included Spica thumb/wrist brace. Prior medication history as of 12/18/2013 included Tramadol/Gabapentin/Menthol/Camphor Cream. Ortho report dated 04/15/2014 documented the patient to have complained that her pain is exacerbated. Objective findings on exam revealed the right wrist and hand exam extension to 0-50 degrees; flexion 0/50 degrees; radial deviation 0-20 degrees; and ulnar deviation 0-30 degrees. Finkelstein test is positive; there is no triggering of the any fingers or thumb, positive carpal compression test, negative Phalen and negative Tinel. The left wrist and hand revealed extension 0-60 degrees; flexion 0-60 degrees; radial deviation 0-20 degrees; ulnar deviation 0-30 degrees. There is positive carpal compression test on the left wrist. The patient is diagnosed with Bilateral Carpal Tunnel Syndrome, status post previous de Quervain Tenosynovitis Releases Bilateral Right in 1993 and left in 1999; and recurrent bilateral de Quervain Tenosynovitis. The patient is recommended for topical compound cream; Flurbiprofen 20%, Tramadol 20%, and Norco 10/325 mg. Prior utilization review dated 05/30/2014 states the request for Compound Medication: Flurbiprofen 20% / Tramadol 20% apply thin layer 3 x day as needed 210 grams is denied as guidelines do not support many of these agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Flurbiprofen 20% / Tramadol 20% apply thin layer 3 x day as needed, 210 grams: Upheld

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

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) <Topical analgesics>.

Decision rationale: The MTUS Guidelines and the ODG consider compounded topical agents as experimental with no clinical trials to support their efficacy. While some patients experience a beneficial effect from the application of a topical agent, there is no evidence to indicate that any of the agents are affecting their target receptors. Tramadol is a weak opioid, having SNRI characteristics. There is no evidence that these receptors are even present in the target tissues suggesting that any efficacy that is derived would be from systemic absorption with no better efficacy than taking the medication by oral administration. Flurbiprofen is in the same family of NSAIDs as Ibuprofen and is not FDA approved in any commercially available formulation for topical administration, again suggesting that any beneficial effect would more likely be derived from a systemic affect than topically in the target tissues. Furthermore, these agents carry with them known and potentially significant adverse effects. The medical records documents no clear rationale for the usage of a topical agent for what appears to be a chronic condition. Based on the MTUS guidelines and criteria principles of medical practice, as well as the clinical documentation stated above, the request is not medically necessary.