MAXIMUS Federal Services

Case Number:	CM14-0087350		
Date Assigned:	07/23/2014	Date of Injury:	09/10/2013
Decision Date:	09/12/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/11/2014

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 request was for a review on a compounded topical medicine. Per the records provided, this patient fell breaking her elbow. She sustained a right radial head fracture. She has been treating with a compounded topical cream. The requesting provider was an orthopedic surgeon, and the request was dated April 21, 2014. At that date, she had persistent right elbow and right wrist pain. She was not working. Both areas have eight out of 10 on the visual analog scale. There was radiation of the pain to the fingers with numbness and tingling. There was full right elbow range of motion, but there was a positive cubital tunnel syndrome and a positive Tinel's test. There was decreased sensation at four out of five in the ulnar distribution on the right. There was tenderness to the olecranon. There was decreased strength with flexion and extension four out of five on the right. The assessment was right radial head fracture, which was healing, a right wrist sprain strain, and stress and anxiety. She wears a wrist brace. They are awaiting authorization for psychological consult. The patient does not like to take oral medicines and so she would benefit from these topical medicines. The requesting provider will order a urine toxicology test on the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Flurbiprofen/Cyclobenzaprine/Menthol cream (20%10%4%) 180gm: 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.

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, 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 medically necessary. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.