

Case Number:	CM14-0090308		
Date Assigned:	09/10/2014	Date of Injury:	01/18/2013
Decision Date:	10/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old male who has submitted a claim for injury to the left hand (left hand arthrofibrosis; status post extensor tenolysis of the left hand with hardware removal (01/17/14); left shoulder contusion and rotator cuff syndrome, rule out tear; osteoarthritic changes of the acromioclavicular joint) associated with industrial injury date of 05/19/14. Medical records from 2013 to 2014 were reviewed. The patient apparently was on a platform lift when an iron pipe slid into his left shoulder and fell on his gloved left hand causing a crush injury. Patient underwent ORIF (Open Reduction and Internal Fixation) of metacarpals 3 and 5 on 11/18/13. Patient thereafter had subsequent physical therapy of his left hand. Latest progress report of 05/14/14 showed patient had persistent left hand, wrist and shoulder pain, with noted improvement of the left wrist and hand with occupational therapy. The left shoulder remains the same pending physical therapy. Physical examination findings reveal decreased ROM (range of motion) of the left shoulder, with noted decreased strength at 4/5 in flexion and abduction. The left wrist and hand revealed a decreased range of motion, with flexion of 40 degrees, extension of 50 degrees, radial deviation of 10 degrees and ulnar deviation of 15 degrees, with noted swelling of the left hand. Grip strength was decreased at 4/5 on the left and is unable to make a full fist. There was likewise decreased sensation at the median nerve distribution of the left hand. Plans were to continue physical therapy, occupation therapy, medications and for follow-up. Treatment to date has included physical therapy, surgery, acupuncture, chiropractic therapy, activity restrictions, home exercise program and medications (Voltaren, Protonix since at least 4/8/14). Utilization review, dated 05/19/14, denied the request for Compound Cream Medication Flurbiprofen Cyclobenzaprine Menthol Cream 20% 10% 4% 180 Grams. The medication is not recommended because a component of the medication, cyclobenzaprine, is only for a short course of therapy. It

is also widely available in oral form, hence the topical cream preparation is deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream Medication Flurbiprofen Cyclobenzaprine Menthol Cream 20% 10% 4% 180 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 64,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics, Topical analgesics Page(s): 64, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety". Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Cyclobenzaprine is not recommended for use as a topical analgesic. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, oral analgesics are the recommended first-line treatment for chronic pain. The patient has been given oral analgesics, and there is no report of intolerance or non-relief with use of said medication. Also, as stated in the guidelines, the use of topical analgesics are largely experimental and with little to no research to support its use. The guidelines do not support the use of cyclobenzaprine and flurbiprofen in a topical formulation, and since any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, the request for Flurbiprofen Cyclobenzaprine Menthol Cream 20% 10% 4% 180 Grams is not medically necessary.