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| Case Number: | CM14-0095146 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 12/13/2013 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

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 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:

According to the records made available for review, this is a 51-year-old female with a 12/13/13 date of injury. At the time (6/6/14) of request for authorization for Cyclobenzaprine 2%/Gabapentin 10%/Flurbiprofen 15%, 240mg and Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%, 240mg, there is documentation of subjective (burning sensation and hand spasms sometimes) and objective (diffuse non-specific areas of pain in the forearm, wrist, and hand, pain with range of motion, burning sensation with light pressure over the volar surface of the wrist, pain with resisted ulnar deviation, painful ulnar styloid area, tightness sensation on the forearm with resisted finger extension, and painful shoulder range of motion) findings, current diagnoses (right wrist pain of unknown etiology), and treatment to date (activity modification and medications (including naproxen and tramadol)). Regarding the requested Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%, 240mg, there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Gabapentin 10%/Flurbiprofen 15%, 240mg: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right wrist pain of unknown etiology. However, Cyclobenzaprine 2%/Gabapentin 10%/Flurbiprofen 15%, 240mg contains at least one drug (gabapentin) and one drug class (muscle relaxants (cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 2%/Gabapentin 10%/Flurbiprofen 15%, 240mg is not medically necessary.

Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%, 240mg:
Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of right wrist pain of unknown etiology. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%, 240mg is not medically necessary.