

Case Number:	CM14-0189224		
Date Assigned:	11/17/2014	Date of Injury:	01/27/2013
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 44 year old male with an injury date of 01/27/13. Based on the 10/10/14 progress report provided by treating physician, the patient complains of bilateral wrist pain rated 8/10, bilateral carpal tunnel syndrome and right C5/6. Physical examination revealed positive Tinel's and Phalen's. Cervical spine spasm and decreased range of motion. Patient medications include Theramine, Sentra, Anaprox, Prilosec, Tramadol and topical compound creams. The 10/10/14 report was handwritten and illegible. Diagnosis 08/27/14- probable bilateral carpal tunnel syndrome- probable cervical radiculopathy involving C5, C6 nerve roots, right greater than left- headaches, probably tension type- sleep initiation and maintenance insomnia secondary to pain and emotional distress and with associated daytime impairment. The utilization review determination being challenged is dated 10/21/14. Treatment reports were provided from 02/14/14 - 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% (120gm): Upheld

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

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

Decision rationale: The patient presents with bilateral wrist pain rated 8/10, bilateral carpal tunnel syndrome and right C5/6. The request is for Flurbiprofen/ Capsaicin/ Camphor/ 10/0.025%/2%/1% (120gm). Patient's diagnosis on 08/27/14 included probable bilateral carpal tunnel syndrome; probable cervical radiculopathy involving C5, C6 nerve roots, right greater than left; headaches, probably tension type; and sleep initiation and maintenance insomnia secondary to pain and emotional distress and with associated daytime impairment. Patient medications include Theramine, Sentra, Anaprox, Prilosec, Tramadol and topical compound creams. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Treating physician has not provided reason for the request nor indicated which body part would be treated. Based on MTUS, NSAID cream is indicated for osteoarthritis, which the patient does not present with, and is to be used for short duration of 2 weeks. The request does not meet guideline criteria, therefore it IS NOT medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gm): Upheld

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

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

Decision rationale: The patient presents with bilateral wrist pain rated 8/10, bilateral carpal tunnel syndrome and right C5/6. The request is for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gm). Patient's diagnosis on 08/27/14 included probable bilateral carpal tunnel syndrome; probable cervical radiculopathy involving C5, C6 nerve roots, right greater than left; headaches, probably tension type; and sleep initiation and maintenance insomnia secondary to pain and emotional distress and with associated daytime impairment. Patient medications include Theramine, Sentra, Anaprox, Prilosec, Tramadol and topical compound creams. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treating physician has not provided reason for the request nor indicated which body part would be treated. NSAID cream is indicated for osteoarthritis, which the patient does not present with, and is to be used for short duration of 2

weeks. Also, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form. The request does not meet guideline criteria, therefore it IS NOT medically necessary.