

Case Number:	CM14-0190521		
Date Assigned:	11/24/2014	Date of Injury:	09/17/2006
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a 58-year-old female with a 9/17/06 date of injury, when she sustained injuries to the hands and upper extremities due to cumulative trauma. The injured worker was seen on 9/23/14 with complaints of 7/10 burning pain in the bilateral wrist and muscle spasms. The injured worker also reported weakness, tingling, numbness, and pain radiating to hand and fingers. Exam findings revealed tenderness to palpation over the carpal bones and over the hypothenar eminence bilaterally, decreased ranges of motion of the wrist and positive Tinel's and Phalen's signs bilaterally. There was decreased sensation along the median nerve distribution in the bilateral upper extremities and the motor strength was decreased secondary to pain in the bilateral upper extremities. The diagnosis is bilateral wrist carpal tunnel syndrome and status post left thumb laceration. Treatment to date: work restrictions, acupuncture, physical therapy, shockwave therapy, and medications. An adverse determination was received on 11/12/14 given that the Guidelines did not support compounded medications and there was a lack of documentation that the injured worker was intolerant or has not responded to other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are "not recommended for topical applications." In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the requested compound medication contains at least one drug that is not recommended due to the guidelines. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 gm is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%, 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the requested compound medication contains at least one drug that is not recommended due to the Guidelines. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm is not medically necessary.