

Case Number:	CM14-0190839		
Date Assigned:	11/24/2014	Date of Injury:	05/11/2011
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/15/2014

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 48 year old female with an injury date on 5/11/11. Patient complains of persistent pain in both wrists and both hands per 10/3/14 report. The patient is s/p left carpal tunnel release from 5/16/14 per 7/11/14 report. The patient denies any new injuries or improvement from prior visit, except that prior physical therapy has given significant benefit per 10/3/14 report. Based on the 10/3/14 progress report provided by the treating physician, the diagnosis is s/p bilateral carpal tunnel release with residual symptoms. A physical exam on 10/3/14 showed "limited range of motion of bilateral wrists." The patient's treatment history includes physical therapy (significant benefit), medication, total disability, diagnostic studies. The treating physician is requesting CMPD Flurbiprofen 10% Capsaicin 0.025% Menthol 2% Camphor 1% Ketoprofen 10%. The utilization review determination being challenged is dated 10/24/14. The requesting physician provided treatment reports from 5/22/14 to 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD; Flurbiprofen 10%; Capsaicin 0.025%; Menthol 2%; Camphor 1% CMPD; Ketoprofen 10%; Cyclobenzaprine 3%; Lidocaine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Salicylate topicals Page(s): 111-113; 105.

Decision rationale: This patient presents with bilateral wrist/hand pain. The treater has asked for CMPD FLURBIPROFEN 10% CAPSAICIN 0.025% MENTHOL 2% CAMPHOR 1% KETOPROFEN 10% on 10/3/14. Review of the reports do not show any evidence of a compounded cream being used in the patient's past. The treater does not specifically discuss a rationale for prescribing this compounded product. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. "There is little to no research to support the use of many of these agents." In this case, the patient presents with chronic wrist/hand pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis while Capsaicin is indicated for most chronic pain condition. However, it is not known why two different topical NSAIDs are combined in this formulation. There is no indication that the patient has failed oral medications. MTUS does not support most of these topical compounds. The request is NOT medically necessary.