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| Case Number: | CM14-0192764 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 11/20/1997 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Medicine and is licensed to practice in Texas & Florida. 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 61 year old female who sustained a cumulative work related injury as a typist dated November 20, 1997 to the neck, both shoulders and hands. Past surgical interventions were left trigger release in 2005, left index finger and long finger A1 pulley release and tenosynovectomy in 2009, bilateral carpal tunnel releases, and subacromial decompression of bilateral shoulders. There were no surgical dates noted for the latter two interventions. The injured worker has also received two interphalangeal joint injections. The patient continues to be symptomatic with chronic aching pain in the neck, shoulders and hands. According to the progress report examination from March 18 2014, the injured worker has tenderness and muscle spasm at rest and with range of motion of the cervical spine. The levator scapula has swelling/inflammation with pain exhibited on scapular retraction. Biceps reflex and strength is diminished. Tenderness on palpation is present in the right acromioclavicular joint with crepitus on motion. The injured worker is currently prescribed oral Tramadol for pain relief along with topical analgesic creams and Ambien for sleep. On 9/23/2014, Dr. [REDACTED] noted objective findings of positive Tinel's sign and paresthesia along the median nerve distribution. There was decreased hand grip and decreased range of motion of the shoulders. The injured worker's status is deemed permanent and stationary. The treating physician has requested authorization for the prescription creams of lidocaine 6% /gabapentin 10% /ketoprofen 10% and Flurbiprofen 10% /capsaicin 0.005%/menthol 5% /camphor 5% On October 30, 2014 the UR denied authorization for the prescription creams of lidocaine 6% /gabapentin 10% /ketoprofen 10% and Flurbiprofen 10% /capsaicin 0.005%/menthol 5% /camphor 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%/ Gabapentin 10%/ Ketoprofen 10% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that recommend that topical compound product can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not subjective and objective findings consistent with localized neuropathic pain. The patient did not fail treatment with orally administered first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The use of multiple NSAIDs is associated with increased risk of adverse effects. There is lack of FDA or guidelines support for the use of topical use gabapentin in the treatment of chronic musculoskeletal pain. The criteria for the use of lidocaine 6%/gabapentin 10%/ketoprofen 10% cream. Therefore the request is not medically necessary.

Flurbiprofen 10%/ Capsaicin 0.005%/ Menthol 5%/ Camphor %5 cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that recommend that topical compound product can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not subjective and objective findings consistent with localized neuropathic pain. The patient did not fail treatment with orally administered first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The use of multiple NSAIDs is associated with increased risk of adverse effects. There is lack of FDA or guidelines support for the use of topical use menthol and camphor in the treatment of chronic musculoskeletal pain. The criteria for the use of Flurbiprofen 10%/capsaicin 0.005%/menthol 5%/camphor 5% cream were not met. Therefore the request is not medically necessary.