MAXIMUS Federal Services

Case Number:	CM14-0217442		
Date Assigned:	01/07/2015	Date of Injury:	12/21/2012
Decision Date:	05/01/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 50 year old female, who sustained an industrial injury on 12/21/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having carpal tunnel syndrome and hand pain. Treatment to date has included diagnostics, physical therapy, and medications. On 8/29/2014, the injured worker complains of daily bilateral hand pain. Current medications included Naprosyn, Tramadol, and Vexa. Occasional use of Tramadol and Lidoderm patch was noted. Physical exam noted bilateral carpal tunnel scars, tender carpal tunnel location, and slight pain to bilateral forearms. The treatment plan included a topical compound pain cream for application three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 9/4/14 Fluribiprofen/Lidocaine/Amitriptyline 30gm jar (transdermal compounds): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.Topical NSAIDs such as Flurbiprofen are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. There are diminishing effects after 2 weeks. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case the claimant did not have the above diagnoses and there is no evidence of failure of 1st line medications. In addition, there is lack of evidence for topical anti-depressants such as Amitryptilline. At the time of requested use of the above medication, the claimant had been on other oral medications. There is lack of evidence for topical medications to supplement carpal tunnel .The Fluribiprofen/Lidocaine/Amitriptyline was not medically necessary.