

Case Number:	CM14-0085836		
Date Assigned:	07/23/2014	Date of Injury:	09/27/2012
Decision Date:	02/25/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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: California
 Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of sprain and strain of the right wrist, right hand ligament tear, and right fifth digit surgery 12/11/12. The date of injury was 09/27/12. The patient was injured when a sheet fell on the patient's right hand, wrist, fifth finger, and right foot. The patient underwent right fifth digit surgery. The primary treating physician's progress report dated 02/03/14 documents that the patient complains of sharp burning pain in the right hand and fifth digit. There are complaints of muscle spasms, weakness, numbness and tingling of the hand and fingers. There is constant and moderate to severe pain. The patient notes that the symptoms persist but the medications do offer temporarily relief of pain and improve the ability to have restful sleep. The pain is also alleviated with activity restrictions. It is noted that the patient had a consultation with a hand specialist and was advised to undergo surgery. On physical examination, there is deformity of the fifth digit and tenderness of the fifth digit at the metacarpal, proximal interphalangeal and distal phalangeal joints. There is full range of motion for the right wrist, metacarpal joints and 5th digit. For the proximal and distal phalangeal joints range of motion is 0 degrees for flexion and extension and there is a mallet deformity distally. Tinel's and Phalen's tests are negative. Sensation is intact in the right upper extremity. Motor strength is decreased in the right upper extremity. Diagnoses were sprain and strain of the right wrist, right hand ligament tear, and right fifth digit surgery 12/11/12. Treatment plan was documented. The provider recommends a referral to a psychologist, a return appointment in four weeks, and to remain off of work. The provider is requesting an electromyography (EMG) and nerve conduction velocity (NCV) of the right upper extremity and shockwave therapy of the

right hand. The progress report dated 5/8/14 documented the diagnoses were sprain and strain of the right wrist, right hand ligament tear, and right fifth digit surgery 12/11/12. The primary treating physician's progress report dated 05/05/14 documented hand complaints. Physical examination findings included negative Tinel's sign, negative Phalen's sign and intact sensation. Diagnoses were sprain and strain of the right wrist, right hand ligament tear, and right fifth digit surgery 12/11/12. The treatment plan included medications prescribed and referral to orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Pages 111-113; Capsaicin, topical Pages 28-29; NSAIDs (non-steroidal anti-in. Decision based on Non-MTUS Citation Mayo Clinic Proceedings. Topical Analgesics in the Management of Acute and Chronic Pain. Volume 88, Issue 2, Pages 195-205, February 2013. <http://www.ncbi.nlm.nih.gov/pubmed/23374622>
[http://www.mayoclinicproceedings.org/article/S0025-6196\(12\)01170-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(12)01170-6/fulltext)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines indicates that the efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Mayo Clinic Proceedings article titled Topical

Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, and concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Mayo Clinic Proceedings article titled Topical Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, and concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the request for a topical product containing Capsaicin, Flurbiprofen, and Tramadol. Therefore, the request for topical Capsaicin / Flurbiprofen / Tramadol / Menthol / Camphor is not medically necessary.