

Case Number:	CM14-0092824		
Date Assigned:	07/25/2014	Date of Injury:	07/16/2013
Decision Date:	04/14/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 44 year old male with an industrial injury dated 07/16/2013. He presents on 05/21/2014 with complaints of worsening right wrist pain radiating to his forearm and right elbow with numbness and tingling. Range of motion of right wrist was limited due to pain. Prior treatments include acupuncture and therapy (which decrease pain temporarily), shock wave therapies (which helped right wrist pain) and medications. Diagnoses: Right wrist sprain/strain, Right upper extremity neuropathy, Right wrist degeneration of the triangular fibrocartilage, Right wrist tenosynovitis. On 06/12/2014 the following requests were non-certified by utilization review: 240 GM Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2%, 240 gm Gabapentin 10%/Lidocaine 5%/Tramadol 15% MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Capsaicin 0.025%, Fluribprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240gm Retrospective DOS: 1/13/14: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of chronic knee pain. Therefore, the request for compound Capsaicin 0.025%, Fluribprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240gm Retrospective DOS: 1/13/14 is not medically necessary.

Compound Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240gm Retrospective DOS: 1/13/14: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of chronic knee pain. Therefore, the request for Compound Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240gm Retrospective DOS: 1/13/14 is not medically necessary.