

Case Number:	CM15-0100489		
Date Assigned:	06/02/2015	Date of Injury:	02/27/2012
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
 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 injured worker is a 47 year old female who sustained an industrial injury on 02/27/2012. Current diagnoses include bilateral shoulder sprain/strain, rule out internal derangement, lateral epicondylitis-bilateral elbow, status post left wrist carpal tunnel release surgery, bilateral wrist pain, triangular fibrocartilage tear-bilateral wrist, bilateral wrist subchondral cyst, and left wrist scapholunate ligament tear. Previous treatments included medications, left carpal tunnel release, physical therapy, injection, acupuncture, and shockwave therapy. Report dated 03/30/2015 noted that the injured worker presented with complaints that included bilateral shoulder pain with radiation down arms to fingers and spasms, bilateral elbow pain and muscle spasms, and residual left wrist pain, and right wrist pain with spasms. Pain level was 6-7 out of 10 (right shoulder), 7-8 out of 10 (left shoulder), and 7-8 out of 10 (right wrist) on a visual analog scale (VAS). Physical examination was positive for bilateral shoulder, elbow, and wrist tenderness with decreased range of motion, Neer's impingement sign, supraspinatus test, Cozen's sign, Tinel's, and Phalen's were all positive, and decreased sensation and strength in the bilateral upper extremity. The treatment plan included discussion of medication usage, requests for Terocin patches, continue physical therapy and acupuncture, continue shockwave therapy, the injured worker is to under go a set of PRP treatments, awaiting right and left wrist braces, and right and left elbow braces. Disputed treatments include capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% and cyclobenzaprine 2%, flurbiprofen 25% compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2% 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Flurbiprofen is not FDA approved for topical use. Gabapentin is not recommended. In this case, the injured worker's working diagnoses are bilateral shoulder sprain/strain; lateral epicondylitis bilateral elbows; status post left wrists carpal tunnel release surgery; bilateral wrist pain; triangular fibrocartilage tear bilateral wrist; bilateral wrist subchondral cyst; left wrist scapholunate ligament tear. Subjectively, the injured worker has complaints referable to the bilateral shoulders, bilateral elbows and left wrist. Medications provide temporary relief of pain. Flurbiprofen is not FDA approved for topical use. Gabapentin is not recommended. Any compounded product that contains at least one drug (flurbiprofen and gabapentin) that is not recommended is not recommended. Consequently, Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2% #180 g is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical cyclobenzaprine 2% and Flurbiprofen 25% #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains I at least

one drug (or drug class) that is not recommended is not recommended. Topical cyclobenzaprine is not recommended. Topical Flurbiprofen 25% is not FDA approved for topical use. In this case, the injured worker's working diagnoses are bilateral shoulder sprain/strain; lateral epicondylitis bilateral elbows; status post left wrists carpal tunnel release surgery; bilateral wrist pain; triangular fibrocartilage tear bilateral wrist; bilateral wrist subchondral cyst; left wrist scapholunate ligament tear. Subjectively, the injured worker has complaints referable to the bilateral shoulders, bilateral elbows and left wrist. Medications provide temporary relief of pain. Topical cyclobenzaprine is not recommended. Topical Flurbiprofen 25% is not FDA approved for topical use. Any compounded product that contains at least one drug (topical cyclobenzaprine and Topical Flurbiprofen 25%) that is not recommended is not recommended. Consequently, topical cyclobenzaprine and Flurbiprofen 25% is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical cyclobenzaprine 2% and Flurbiprofen 25% #180 g is not medically necessary.