

Case Number:	CM15-0106834		
Date Assigned:	06/11/2015	Date of Injury:	10/11/2012
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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

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 59 year old female, who sustained an industrial injury on October 11, 2012. The injury occurred during the course of employment as a child support officer. The injured worker developed pain and swelling in the bilateral wrists and hands, neck pain and back pain. The diagnoses have included tenosynovitis of the wrist/hand, bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome, chronic lumbar strain, chronic cervical strain, headaches, cervical radiculopathy, lumbar neuropathy and depression. Treatment to date has included medications, radiological studies, electrodiagnostic studies, MRI, wrist brace, physical therapy and a home exercise program. Documentation dated July 9, 2013 notes that the injured worker reported continued bilateral wrist pain, neck pain and low back pain. Examination of the bilateral wrists revealed a limited range of motion. A Phalen's sign was noted to be positive. The injured worker also had a positive Spurling's sign on the left. The treating physician's plan of care included a request for the compounded medication Capsaicin 0.375%, Menthol 10%, Camphor 2.5%, Tramadol 20%, Flurbiprofen 25%, Diclofenac 10% 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cap .0375%/Camp 25%/Tramadol 20%/Flurb 25%/Diclo 10% 240gm 7/9-7/10/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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). 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 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. All NSAIDs have the potential to raise blood pressure in susceptible patients. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that non-steroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. ACOEM indicates that non-steroidal anti-inflammatory drugs (NSAID) should be used only acutely. The patient's occupational injuries are chronic. Date of injury was 10/11/2012. The medical records indicate a history of hypertension and diabetes mellitus managed with medications. Per MTUS, 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. All NSAIDs have the potential to raise blood pressure in susceptible patients. MTUS guidelines do not support the use of topical NSAIDs. 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 compounded topical

Capsaicin, Camphor, Tramadol, Flurbiprofen, Diclofenac. Therefore, the request for topical Capsaicin, Camphor, Tramadol, Flurbiprofen, Diclofenac is not medically necessary.