

Case Number:	CM15-0106871		
Date Assigned:	06/11/2015	Date of Injury:	08/09/2013
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old male with an August 9, 2013 date of injury. A progress note dated May 11, 2015 documents subjective findings (persistent left wrist, left arm, and left shoulder pain; pain rated at a level of 5/10), objective findings (tenderness to palpation with spasms of the left upper trapezius muscle; decreased strength of the left shoulder; tenderness to palpation of the left lateral epicondyle; full range of motion of the left elbow with pain at the end ranges; decreased strength of the left elbow; atrophy of the left thenar eminence and at the carpal bones; tenderness over the left medial nerve channel; decreased range of motion of the left wrist/hand; positive carpal Tinel's and Phalen's test; decreased strength of the left digits), and current diagnoses (left shoulder myospasms; left upper extremity neuropathy; left carpal tunnel syndrome status post carpal tunnel release; left wrist pain; muscle atrophy; cervical spine disc protrusion; tendinosis; osteoarthritis). Treatments to date have included medications, magnetic resonance imaging of the left shoulder (April 1, 2015; showed tendinosis and osteoarthritis), magnetic resonance imaging of the cervical spine (February 28, 2015; showed disc protrusion at C5 through C7), left carpal tunnel release, and physical therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included topical compound medication (cyclobenzaprine 2%/flurbiprofen 25%) and topical compound medication (capsaicin 0.025%/flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound medications (cyclobenzaprine 2% flurbiprofen 25%) 180 gm: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for left upper extremity pain with left shoulder and wrist pain. When seen, there was decreased upper extremity range of motion and strength. There were multiple areas of tenderness and muscle spasms. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Topical compound medications (capsaicin 0.025% flurbiprofen 15% gabpentin 10% metnhol 2% camphor 2%) 180 gm: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for left upper extremity pain with left shoulder and wrist pain. When seen, there was decreased upper extremity range of motion and strength. There were multiple areas of tenderness and muscle spasms. In terms of this compounded medication being prescribed, oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.

