

<b>Case Number:</b>	CM15-0140437		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/28/2010
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: 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 61 year old female sustained an industrial injury to bilateral upper extremities, neck and back on 8-28-10. Electromyography and nerve conduction velocity test bilateral upper extremities (2-15-11) showed mild carpal tunnel syndrome. Previous treatment included right carpal tunnel release (2-14-12), left carpal tunnel release with flexor tenosynovectomy (2-17-15), physical therapy, bracing, home exercise and medications. In a PR-2 dated 5-22-15, the injured worker reported a significant decrease in numbness and tingling to the left wrist and forearm following recent surgery. The injured worker reported having persistent sensitivity at the surgical scar sit when gripping or grasping objects. Physical exam was remarkable for left wrist with tenderness to palpation at the surgical site, negative Tinel's and Phalen's tests and decreased sensation at the median distribution. Current diagnoses included bilateral flexor tenosynovitis, cervical spine sprain/strain, lumbar spine sprain/strain and bilateral carpal tunnel syndrome. The treatment plan included continuing home exercise and continuing medications (Ultram, Axid, Norflex and Neurontin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Med/meth sal 30%/ menth 10%/ caps (unknown DOS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Regarding the request for compound cream consistent of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested topical treatment is not medically necessary.