

Case Number:	CM15-0140861		
Date Assigned:	07/30/2015	Date of Injury:	12/30/2008
Decision Date:	08/27/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	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: 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 12-30-2008. The mechanism of injury was from pulling bundles of magazines. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and bilateral supraspinatus and infraspinatus tendonitis-right greater than left. Electromyography (EMG) -nerve conduction study (NCS) showed sensory median neuropathy and bilateral carpal tunnel syndrome. Treatment to date has included therapy and medication management. In a progress note dated 5-22-2015, the injured worker complains of bilateral wrist pain and bilateral shoulder pain. Physical examination showed bilateral wrist, hand and shoulder tenderness with decreased range of motion. The treating physician is requesting Fluri (nap) Cream-LA 180 grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) and Terocin patches #60 (Lidocaine4% -Menthol 4%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluri (nap) Cream-LA 180 grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%);:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for bilateral shoulder and wrist pain. When seen, electrodiagnostic testing had shown findings of bilateral carpal tunnel syndrome. Physical examination findings included wrist tenderness with decreased range of motion and positive Tinel's testing. Bracelet testing, Phalen's testing, and Finkelstein's tests were also positive. There was bilateral shoulder tenderness with decreased right shoulder range of motion with negative impingement testing. Recommendations included further evaluation. Topical medications were refilled and oral Naprosyn was also prescribed. Fluri (Nap) Cream is a compounded medication containing Flurbiprofen, Lidocaine, and amitriptyline. 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. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac and oral Naprosyn is also being prescribed which is duplicative. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. 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. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The requested medication was not medically necessary.

Terocin patches #60 Lidocaine 4%-Menthol 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for bilateral shoulder and wrist pain. When seen, electrodiagnostic testing had shown findings of bilateral carpal tunnel syndrome. Physical examination findings included wrist tenderness with decreased range of motion and positive Tinel's testing. Bracelet testing, Phalen's testing, and Finkelstein's tests were also positive. There was bilateral shoulder tenderness with decreased right shoulder range of motion with negative impingement testing. Recommendations included further evaluation. Topical medications were refilled and oral Naprosyn was also prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then

warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.