

Case Number:	CM15-0141915		
Date Assigned:	07/31/2015	Date of Injury:	05/20/2013
Decision Date:	08/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 5-20-2013. Diagnoses include left elbow sprain or strain, left carpal tunnel syndrome, left wrist internal derangement and left hand tenosynovitis. Treatment to date has included diagnostics, splinting and medications. Per the Primary Treating Physician's Progress Report dated 6-10-2015, the injured worker reported left elbow, wrist and hand pain. The injured worker uses a left wrist splint but it is worn out. Physical examination revealed tenderness to palpation of the elbow and spasm of the forearm on the left. There was tenderness to palpation of the left wrist with positive Phalen's and Tinel's. There was tenderness to palpation of the palmar aspect of the left hand. The plan of care included physical therapy and medications and authorization was requested for Flurbiprofen 20%-Baclofen 5%-Dexamethasone micro 0.2%-menthol 2%-camphor 2%-capsaicin 0.025%-hyaluronic acid 0.2% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Dexamethasone mirco 0.2%/Menthol 2%/Camphor 2%/Capsaicin 0.025%/Hyaluronic acid 0.2% in cream base: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The compound in question was combined with another topical analgesic. There is no indication for multiple topical analgesics. Since the compound above contains topical medications that are not indicated for the claimant's diagnoses, the compound in question is not medically necessary.