

Case Number:	CM15-0146393		
Date Assigned:	08/07/2015	Date of Injury:	05/31/2014
Decision Date:	09/04/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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:

The injured worker is a 41 year old female, who sustained an industrial injury on 05-31-2014. Injury was noted as left arm, back, upper and lower extremity. On provider visit dated 05-15-2015 the injured worker has reported left wrist pain status post-surgery on 03-17-2015 and persistent upper back pain, neck pain, shoulder blade pain, mid back pain, right wrist pain, bilateral ankle pain and bilateral hip pain. On examination upper extremity - left wrist-hand was noted as having a well healed scar at the radiocarpal joint. Tenderness to palpation of the radiocarpal joint and the flexors of the forearm. A positive Finkelstein's test was noted. The diagnoses have included right shoulder impingement, right shoulder tendinosis, right shoulder partial tear of the supraspinatus tendon, right shoulder biceps tenosynovitis, left hand osteonecrosis of the capitate, left shoulder impingement, left shoulder tendinosis, left shoulder edema, left shoulder rotator cuff complete tear, lumbar spine sprain-strain, muscle spasms, lumbosacral spine degenerative osteophytes at L4-L5, L4-L5 and L5-S1 disc desiccation, L4-L5 diffuse left eccentric disc protrusion with moderate narrowing of the left neural foramen, right mild carpal tunnel syndrome and status post left wrist surgery. Treatment to date has included laboratory studies, medication, acupuncture and TENS unit. The provider requested Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronin 180gm and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronin 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested topical medication is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested topical medication is not medically necessary.

