

Case Number:	CM15-0148777		
Date Assigned:	08/12/2015	Date of Injury:	10/07/2010
Decision Date:	09/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, 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:

This is a 54-year-old female patient who sustained an industrial injury on 10-07-2010. The diagnoses include status post De Quervain's release bilateral wrist, bilateral first web space pain of undetermined origin and bilateral medial and lateral epicondylitis. Per the progress note dated 06-01-2015, she had complaints of gradual onset of bilateral pain and tenderness over the base of first web space. The symptoms were noted to be worse with gripping and grasping thumbs. She also reported improvement over area of surgery of the first dorsal compartment. The physical examination revealed tenderness to base of first web space and ulnar aspect of trapezial metacarpal joint. The medications list includes naproxen, Tylenol #3 and topical compound medications. She has undergone De Quervain's release bilateral wrist, bilateral carpal tunnel release, bilateral trigger thub release and left wrist cyst removal. She has had bilateral hands X-rays dated 6/12/2015 which revealed mild arthritic changes at interphalangeal joints. She has had physical therapy visits for this injury. The treatment plan consisted of topical medication and repeat x-ray of bilateral hands. The treating physician prescribed Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% 30gm tube (72 hour supply) dispensed in office QTY: 1 and Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% 120gm to be mailed from pharmacy QTY: 1, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% 30gm tube (72 hour supply) dispensed in office QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% 30gm tube (72-hour supply) dispensed in of Flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants") (Argoff, 2006). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs-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: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% 30gm tube (72-hour supply) dispensed in of is not medically necessary for this patient.

Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% 120gm to be mailed from pharmacy QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

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