

Case Number:	CM15-0149729		
Date Assigned:	08/12/2015	Date of Injury:	11/18/2011
Decision Date:	09/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	08/03/2015

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

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 11-18-11 due to cumulative trauma at work per utilization review. She currently complains of constant, burning right shoulder pain radiating down the arm to the fingers associated with muscle spasms with a pain level of 6 out of 10; constant, burning bilateral elbow pain and muscle spasms and weakness, numbness, tingling and pain radiating to hand and fingers (6 out of 10); constant, burning right wrist pain and muscle spasms with weakness, numbness and tingling of the hands and fingers (6 out of 10). On physical exam of the right shoulder, there was tenderness with decreased range of motion; bilateral elbow exam shows tenderness on palpation, decreased range of motion; right wrist exam reveals tenderness to palpation over the carpal tunnel with decreased range of motion, positive Tinel's on the right. With medications there was temporary relief and improves her ability to have a restful sleep. Medications were deprizine, dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, Ketoprofen cream. Diagnoses include right shoulder pain; bilateral elbow pain; rule out bilateral cubital tunnel syndrome; rule out right wrist carpal tunnel syndrome; mood disorder; sleep disorder. Treatments to date include physical therapy for bilateral shoulder, wrists and elbows; acupuncture. Diagnoses include MRI of the left elbow (8-14-15) showing lateral epicondylitis; biceps tendinosis; mild ulnar neuritis; ganglion versus synovial cyst at the volar radial head; MRI of the right elbow (8-15-14) showing lateral and medial epicondylitis, possible tear, distal biceps tendinosis, joint effusion; MRI of the right wrist (8-15-14) negative; MRI of the right wrist (4-8-15) showing tenosynovitis, joint effusion; MRI of the right elbow (4-8-15) showing tendinosis, joint effusion; MRI of the left elbow (4-8-15)

showing tendinosis, joint effusion. On 7-14-15 utilization review evaluated a request for capsaicin 0.25%, flurbiprofen 15%, Gabapentin 10%, menthol 2% and Camphor 2%, 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.25#, Flubriprofen 15%, Gabapentin 10%, Methol 2%, and Camphor 2% 180 grams formulation: 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.

Decision rationale: The 41-year-old patient complains of pain in right shoulder radiating down the arm to fingers along with muscle spasms, bilateral elbow pain, right wrist pain, stress, anxiety, insomnia and depression, as per progress report dated 01/14/15. The request is for CAPSAICIN 0.25#, FLURBIPROFEN 15%, GABAPENTIN 10%, and MENTHOL 2%, AND CAMPHOR 2% 180 grams FORMULATION. There is no RFA for this case, and the patient's date of injury is 11/18/01. Diagnoses, as per progress report dated 01/14/15, included right shoulder pain, bilateral elbow pain, r/o bilateral cubital tunnel syndrome, r/o right wrist carpal tunnel syndrome, mood disorder, and sleep disorder. The pain is rated 6/10. Medications included Deprizine, Dicopano, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per progress report dated 04/15/15. The MTUS has the following regarding topical creams on page 111, Topical analgesics section: Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. On topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, several pages from progress report dated 04/15/15 are missing. Only one other progress report dated 01/14/15 is available for review and it does not discuss the requested topical cream. It is not clear, if this is the first prescription for this medication or if the patient has used it in the past. There is no documentation of efficacy. Nonetheless, while the use of topical Flurbiprofen may be indicated for the patient's peripheral joint pain, MTUS does not support the use of Gabapentin in topical form. Additionally, MTUS only recommends the use of Capsaicin in the form of a topical patch.

The Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the treater does not indicate where and how the cream will be used. Hence, the request IS NOT medically necessary.