

Case Number:	CM15-0192278		
Date Assigned:	10/06/2015	Date of Injury:	11/20/2002
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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(n) 57 year old female, who sustained an industrial injury on 11-20-02. The injured worker was diagnosed as having right carpal tunnel syndrome release, tendonitis of the upper extremity and chronic regional pain syndrome of the upper extremity. Medical records (5-20-15 through 8-11-15) indicated chronic right wrist and forearm pain, poor tolerance to repetitive activities and 5-9 out of 10 pain. The physical exam (5-20-15 through 8-11-15) revealed tenderness to palpation in the right wrist and forearm, no edema and hyperalgesic to touch compared with the left. As of the PR2 dated 9-17-15, the injured worker reports chronic right forearm and wrist pain. She rates her pain 9 out of 10. Objective findings include tenderness to palpation in the right wrist and forearm and "diminished" range of motion. Current medications include Amitriptyline, Norco, Gabapentin, Zipsor, Amrix, Nucynta, Lyrica, Motrin, CMPD Flurbiprofen 20%, Lidocaine 5% (since at least 3-4-15) and CMPD Cyclobenzaprine 10%, Lidocaine 5% (since at least 3-4-15). Treatment to date has included bilateral wrist splints, ice and a home exercise program. On 9-17-15, the treating physician requested a Utilization Review for CMPD Flurbiprofen 20%, Lidocaine 5%, 4gm topical and CMPD Cyclobenzaprine 10%, Lidocaine 5%, 4gm topical. The Utilization Review dated 9-24-15, non-certified the request for CMPD Flurbiprofen 20%, Lidocaine 5%, 4gm topical and CMPD Cyclobenzaprine 10%, Lidocaine 5%, 4gm topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD Flurbiprofen 20%, Lidocaine 5%, 4gm topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." Therefore, the determination is for non-certification. 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, in this case the injured worker is being treated for chronic right forearm and wrist pain, is already taking oral NSAID's. This medication is not supported by the guidelines for long-term use. As the clinical note from 9/17/15 recommends for continuation of this medication, the request is not medically necessary.

CMPD Cyclobenzaprine 10%, Lidocaine 5%, 4gm topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." Therefore, the determination is for non-certification. According to the CA MTUS ACOEM Chronic Pain Medical Treatment Guidelines, topical analgesics, page 113. There is no evidence for use of any other muscle relaxant as a topical product. Therefore, the request is not medically necessary.