

Case Number:	CM15-0194261		
Date Assigned:	10/08/2015	Date of Injury:	01/03/2014
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 46 year old female, who sustained an industrial injury on 01-03-2014. She has reported injury to the right hand-wrist. The diagnoses have included hand sprain-strain; right wrist sprain-strain; right carpal tunnel syndrome; insomnia; anxiety; and depression. Treatment to date has included medications, diagnostics, bracing, cortisone injection, acupuncture, and physical therapy. Medications have included Tramadol, Naprosyn, Prilosec, and topical compounded creams. A progress report from the treating physician, dated 04-09-2015, documented a "hand cortisone injection did not help." A progress report from the treating physician, dated 07-28-2015, documented an evaluation with the injured worker. The injured worker reported dull and aching pain in the right wrist; the pain is rated at 8 out of 10 in intensity on the visual analog scale without medications, and at 1-2 out of 10 with medications; pain is aggravated with activities such as grabbing and holding; the pain is relieved with rest and medications; dull and aching pain in the right hand and fingers; the pain is rated at 8 out of 10 in intensity on the visual analog scale without medications, and at 1-2 out of 10 with medications; the pain is aggravated with activities such as grasping and holding; the pain is relieved with rest and medications; loss of sleep due to pain; and she states that she is having anxiety and depression. Objective findings included there is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, and volar wrist; and there is tenderness to palpation of the palmar aspect of the right hand. The treatment plan has included the request for Tramadol 8%-Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Gabapentin 10%; and Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%. The original utilization review, dated 09-03-2015, non-certified the request for Tramadol 8%-Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Gabapentin 10%; and Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 8%-Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Gabapentin 10%: 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: This 46 year old female has complained of hand and wrist pain since date of injury 1/13/2014. She has been treated with steroid injection, acupuncture, physical therapy and medications. The current request is for Tramadol 8%-Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Gabapentin 10% Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Tramadol 8%-Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Gabapentin 10% is not indicated as medically necessary.

Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%: 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: This 46 year old female has complained of hand and wrist pain since date of injury 1/13/2014. She has been treated with steroid injection, acupuncture, physical therapy and medications. The current request is for Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% is not indicated as medically necessary.