

Case Number:	CM15-0194748		
Date Assigned:	10/08/2015	Date of Injury:	08/04/2014
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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, North Carolina
 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:

The injured worker is a 29 year old female, who sustained an industrial injury on 8-4-14. She reported numbness in the right hand radiating up the right arm. The injured worker was diagnosed as having minor sprain of the neck, minor sprain of the wrists, evidence of carpal tunnel syndrome, and left elbow medial epicondylitis. Treatment to date has included 10 physical therapy sessions, a Cortisone injection for the right wrist, and 10 extracorporeal shockwave therapy sessions for bilateral wrists. On 5-18-15, the injured worker had varying degrees of difficulty with the following activities of daily living: brushing teeth, combing hair, dressing, writing, typing, grasping or gripping, lifting, and driving. Physical examination findings on 5-18-15 included cervical muscle spasms and positive Phalen's tests bilaterally. On 5-18-15, the injured worker complained of neck pain, bilateral trapezius pain, bilateral shoulder pain, intermittent bilateral elbow pain, and bilateral hand and wrist pain with numbness and tingling in both palms. The treating physician requested authorization for Capsaicin powder 0.02%, Sodium Hyaluronate Acid 0.2%, Dexamethasone powder 0.2%, Menthol Crystals 2%, Camphor crystals 2%, Baclofen powder 5%, Flurbiprofen 20% in Mediderm cream base for the date of service 7-10-15. On 9-25-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Powder .02 Percent, Sodium Hyaluronate Acid .2 Percent, Dexamethasone Powder .2 Percent, Menthol Crystals 2 Percent, Camphor Crystals 2 Percent, Baclofen Powder 5 Percent, Flurbiprofen 20 Percent Mediderm Cream Base DOS 7/10/15: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents have little to no scientific research to support their use. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is for a compounded product that contains multiple ingredients which are not recommended for topical use, including hyaluronic acid, menthol, camphor and the muscle relaxant Baclofen. Capsaicin can be recommended after other recommended agents have been shown to have failed, which is not the case in this patient. Flurbiprofen is an NSAID that can be recommended for topical use in case of osteoarthritis and tendinitis, which are not documented in this patient. Therefore, based on the above, the request is not medically necessary or appropriate.