

Case Number:	CM15-0196151		
Date Assigned:	10/16/2015	Date of Injury:	02/16/2015
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: New Jersey, New York
 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 52-year-old male, who sustained an industrial-work injury on 2-16-15. He reported initial complaints of right wrist pain. The injured worker was diagnosed as having right wrist sprain-strain, left hip sprain-strain, headache, loss of sleep-insomnia. Treatment to date has included oral and topical medication. Currently, the injured worker complains of head pain rated 8 out of 10 without medications and 0 out of 10 with medications, right wrist thumb dull and aching pain rated 7 out of 10 without meds and 4 out of 10 with meds. Pain is aggravated with activities and relieved with rest and meds. Left hip has dull and aching pain rated 8-9 out of 10 without meds and 4-5 out of 10 with meds. There is loss of sleep due to pain. Per the primary physician's progress report (PR-2) on 7-14-15, exam notes tenderness to palpation of the dorsal, lateral, medial, and volar wrist. The left hip has tenderness to palpation of the anterior, lateral, and posterior hip. Oral meds included Anaprox, Prilosec, Tramadol, and Cyclobenzaprine and 2 topical creams. Current plan of care includes med refill. The Request for Authorization requested service to include Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% Topical Compound Cream and Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4% Topical Compound Cream. The Utilization Review on 9-29-15 denied the request for Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% Topical Compound Cream and Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4% Topical Compound Cream, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% Topical Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when anti-depressants and anti-convulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. In the chart, there was no documentation that the patient was unable to tolerate oral medications. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.

Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4% Topical Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. There is little research to support topical Tramadol use in treatment of chronic pain. Long-term use has not been evaluated and cannot be recommended. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. There are no guidelines for the use of menthol with the patient's complaints. In the MTUS, there are no guidelines for the use of camphor. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.