

Case Number:	CM15-0218916		
Date Assigned:	11/10/2015	Date of Injury:	09/15/2013
Decision Date:	12/22/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old female who sustained an industrial injury on September 15, 2013. Medical records indicated that the injured worker was treated for right wrist pain. Medical diagnoses include ganglion cyst status post excision of volar ganglion cyst right wrist with subsequent keloid formation, rule out nerve entrapment. In the provider notes dated May 6, 2015 the injured worker complained of constant, throbbing right wrist pain. Repetitive motions, gripping, grasping, pushing, pulling, and lifting, aggravated her pain. She complains of tenderness over the incisional and scar area. She rates her pain 7 on the pain scale. On exam, the documentation stated that there was "tenderness at the volar and first dorsal aspect of the right wrist with large keloid hypertrophic scar with contracture." There was positive Tinel's and Phalen's sign. There was pain with terminal motion and a weak grip. There was no clinical evidence of instability, no apparent swelling. There was significant and severe hypersensitivity. The treatment plan is for medications, and home exercise program. A Request for Authorization was submitted for Flurbiprofen-Capsaicin 10% 0.25% cream 120 grams and Lidocaine 6%-Gabapentin 5%-10% 60 grams. The Utilization Review dated October 12, 2015 denied the request for Flurbiprofen-Capsaicin 10% 0.25% cream 120 grams and Lidocaine 6%-Gabapentin 5%-10% 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Capsaicin 10%/ 0.25%, cream 120gms with 1 refill (DOS: 9/11/2015): 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: The claimant sustained a work injury with date of injury in September 2013. Her injury occurred when she gradually developed right wrist pain attributed to repetitive use. She underwent excision of a right wrist ganglion cyst which was attached to the flexor carpi radialis. Her surgery was done in May 2014. When seen she was having constant wrist pain and tenderness over the surgical scar. She had throbbing pain rated at 7/10. Physical examination findings included right wrist tenderness with a large keloid hypertrophic scar with contracture. Tinel's and Phalen's test were positive. She had pain with range of motion and decreased grip strength. There was significant and severe hypersensitivity. She had right thumb dysesthesias. Recommendations included a continued home exercise program. Topical compounded creams are being requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested compounded medication is not medically necessary.

Retrospective Lidocaine 6%/ Gabapentin %/10%, 60gms with 1 refill (DOS: 9/11/2015): 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: The claimant sustained a work injury with date of injury in September 2013. Her injury occurred when she gradually developed right wrist pain attributed to repetitive use. She underwent excision of a right wrist ganglion cyst which was attached to the flexor carpi radialis. Her surgery was done in May 2014. When seen she was having constant wrist pain and tenderness over the surgical scar. She had throbbing pain rated at 7/10. Physical examination findings included right wrist tenderness with a large keloid hypertrophic scar with contracture.

Tinel's and Phalen's test were positive. She had pain with range of motion and decreased grip strength. There was significant and severe hypersensitivity. She had right thumb dysesthesias. Recommendations included a continued home exercise program. Topical compounded creams are being requested. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.