

Case Number:	CM15-0034968		
Date Assigned:	03/03/2015	Date of Injury:	02/13/2014
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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 70 year old female, who sustained an industrial injury on February 13, 2014. She has reported right wrist and thumb pain. The diagnoses have included De Quervain's syndrome (tenosynovitis of the dorsal compartment of the extensor retinaculum of the wrist). Treatment to date has included radiographic imaging, diagnostic studies, thumb splints, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of right wrist and thumb pain. The injured worker reported an industrial injury in 2014, resulting in pain in the right wrist and thumb. She has been treated conservatively without resolution of the pain. Evaluation on March 19, 2014, revealed continued pain. Salopas were continued. Evaluation on April 16, 2014, revealed continued pain. The pain continued and a topical, compounded pain cream was requested. On February 13, 2015, Utilization Review non-certified a request for Cap 0.25%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, Cyclobenzaprine 2%, Flurbiprofen 25%, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of requested Cap 0.25%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, Cyclobenzaprine 2%, Flurbiprofen 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cap 0.25%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, Cyclobenzaprine 2%, Flurbiprofen 25%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is not medically necessary. 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. Any compounded product that contains at least one drug that is not recommended is not recommended. 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 MTUS, there are no guidelines for the use of camphor. There are no guidelines for the use of menthol with the patient's complaints. 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. Therefore, the request is considered not medically necessary.