

Case Number:	CM15-0049707		
Date Assigned:	03/23/2015	Date of Injury:	10/21/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, California

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 37 year old male, who sustained an industrial injury on 10/21/2012. The current diagnoses are status post right carpal tunnel release (1/29/2015). According to the progress report dated 1/22/2015, the injured worker complains of symptoms of bilateral carpal tunnel syndrome. The most recent progress report dated 2/2/2015 was handwritten and illegible. Treatment to date has included medication management, x-rays, physical therapy, MRI, electrodiagnostic studies, acupuncture, and surgical intervention. The plan of care includes Flurbiprofen/Capsaicin/Menthol/Camphor Ointment 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: Flurbiprofen/Capsaicin/Menthol/Camphor Ointment 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDS are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In addition, Capsaicin exceeding .025% has not been shown to provide added benefit. In this case, the claimant does not have arthritis. The Capsaicin amount is not specified. Topical compound in question lacks sufficient evidence to support its use. The use of Flurbiprofen/Capsaicin/ Menthol/ Camphor is not medically necessary.