MAXIMUS Federal Services

Case Number:	CM15-0053766		
Date Assigned:	03/27/2015	Date of Injury:	05/20/2014
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained an industrial injury to the left upper extremity on 5/20/13. Previous treatment included magnetic resonance imaging, electromyography, medications, physical therapy, chiropractic therapy, occupational therapy, wrist splint and paraffin wax. In a PR-2 dated 2/18/15, the injured worker complained of left elbow, wrist and hand pain. Physical exam was remarkable for left elbow, wrist and hand with tenderness to palpation and diminished range of motion to the left wrist with positive Tinel's and Phalen's tests. Current diagnoses included left elbow sprain/strain, left carpal tunnel syndrome, left wrist internal derangement and left hand tenosynovitis. The treatment plan included requesting additional chiropractic therapy, requesting a compression glove, continuing paraffin wax and continuing medications (Cyclobenzaprine, Neurontin, Flubiprofen 20%/ baclofen 5%/ dexamethasone 2%/ menthol 21%/ camphor 2%/ capsaicin 0.025% 210gm and topical cream NPC1). The physician noted that topical medications were prescribed to minimize possible neurovascular complications and to avoid complications associated with use of narcotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 20%/ baclofen 5%/ dexamethasone 2%/ menthol 21%/ camphor 2%/ capsaicin 0.025% 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The request for a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (flurbiprofen), muscle relaxant (baclofen), steroid (dexamethasone), and general pain reliever (menthol, camphor, and capsaicin) classes. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. Topical menthol is not recommended by the MTUS Guidelines. The Guidelines are silent as to the use of topical muscle relaxants, dexamethasone, and camphor, and the literature does not support their use. The submitted and reviewed documentation indicated the worker was experiencing pain in the left wrist, elbow, and hand. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 210g of a compound containing flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.025% is not medically necessary.