

Case Number:	CM15-0240981		
Date Assigned:	12/18/2015	Date of Injury:	01/27/2014
Decision Date:	01/29/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/10/2015

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: California, North Carolina
 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 43 year old female who sustained an industrial injury on 01-27-2014. According to an initial evaluation report dated 11-03-2015. The injured worker reported pain in her left hand rated 7 out of 10 in intensity. Pain was described as constant moderate, achy, sharp and stabbing. She slept 6 hours per night. She also reported sexual dysfunction, inability to perform daily household chores and pain, numbness and tingling in the left hand thumb finger. Motor strength was 5 minus out of 5 bilaterally in the upper and lower extremities. Deep tendon reflexes were normal and equal bilaterally. A healing incision of the left wrist was noted. There was tenderness to palpation of the palmar aspect of the left hand. Tinel's, Carpal Compression and Phalen's were positive. Diagnoses included status post left carpal tunnel release and left hand tenosynovitis. The treatment plan included: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in salt stable LS base 240 grams and Gabapentin 15%, Amitriptyline 10%, Cyclobenzaprine 2% in salt stable LS base 240 grams, chiropractic physio therapy and one month at home TENS trial for the left hand. Topical compound medications were prescribed in order to minimize possible neurovascular complications and to avoid complications associated with the use of narcotic medications, as well as upper gastrointestinal bleeding from the use of nonsteroidal anti-inflammatory drug. The injured worker was temporarily total disabled. On 11-11-2015, Utilization Review non-certified the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in salt stable LS base, 240 grams and Gabapentin 15%, Amitriptyline 10%, Cyclobenzaprine 2% in salt stable LS base, 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in salt stable LS base, 240 gm:
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: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Flurbiprofen is an NSAID, however there is no evidence of intolerance of an oral NSAID requiring a topical agent. There is no evidence of GI symptoms. In addition, there is no evidence of failure of a first-line oral agent (antidepressant, anti-epilepsy drug). Baclofen is a muscle relaxant that is not recommended for topical use. Therefore the medical necessity of this topical preparation is not medically necessary.

Gabapentin 15%, Amitriptyline 10%, Cyclobenzaprine 2% in salt stable LS base, 240 gm:
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: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Flurbiprofen is an NSAID, however there is no evidence of intolerance of an oral NSAID requiring a topical agent. There is no evidence of GI symptoms. In addition, there is no evidence of failure of a first-line oral agent (antidepressant, anti-epilepsy drug). Baclofen is a muscle relaxant that is not recommended for topical use. Therefore the medical necessity of this topical preparation is not medically necessary.