

Case Number:	CM14-0118478		
Date Assigned:	08/06/2014	Date of Injury:	02/03/2011
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old female who reported an injury on 02/03/2011. The mechanism of injury was not provided. The injured worker was diagnosed with right dominant thumb CMC joint strain with arthritis, diabetes. The past medical treatment included medications, physical therapy, acupuncture, paraffin baths and massages. Diagnostic studies included an MRI of right hand/wrist on 03/28/2013, an EMG/nerve conduction studies of right upper extremity. Surgical history was not provided. The injured worker complained of pain in the right hand/thumb with numbness. The injured worker also reported swelling of the right thumb and wrist. The injured worker stated having difficulty with activities of daily living such as opening bottles or jars, bathing, dressing, cooking, cutting food, and doing laundry, housework, washing dishes and gripping and grasping. The injured worker also reported having difficulty driving and holding a steering wheel for more than 30 minutes. The physical examination revealed in the right thumb, there was a slight prominent CMC joint mostly on the palmer aspect. The right thumb was tender and had a positive grinding sign to the CMC joint and thumb joint was slightly subluxed. Medications were not submitted. The treatment plan was for compound topical cream, Capsaicin 0.025% Flurbiprofen 20% Tramadol 15% Menthol 2% Camphor 2%, 210gm as prescribed on 05/22/2014 and for compound medication Cy clobenzaprine 2% Tramadol 10% Flurbiprofen 20%, 210gm, as prescribed on 05/22/2014. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Cream, Capsaicin 0.025% Flurbiprofen 20% Tramadol 15% Menthol 2% Camphor 2 %, 210 gm as prescribed on 5/22/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics. Pag.

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

Decision rationale: The request for Compound Topical Cream, Capsaicin 0.025% Flurbiprofen 20% Tramadol 15% Menthol 2% Camphor 2 %, 210 gm as prescribed on 5/22/2014 is not medically necessary. The injured worker was diagnosed with right dominant thumb CMC joint strain with arthritis, diabetes. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound topical cream requested contains, Capsaicin 0.025% Flurbiprofen 20% Tramadol 15% Menthol 2% Camphor 2 %. The (MTUS) guidelines state Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. There is a lack of documentation indicating all primary and secondary treatment options have been exhausted. There is a lack of documentation indicating the injured worker was intolerant of or has not responded to other treatments. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary. The proposed compound product is not recommended. Given the above, the request is not medically necessary.

Compound medication Cyclobenzaprine 2% Tramadol 10% Flurbiprofen 20%, 210 gm, as prescribed on 5/22/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The request for compound medication Cyclobenzaprine 2% Tramadol 10% Flurbiprofen 20%, 210 gm, as prescribed on 5/22/2014 is not medically necessary. The injured

worker was diagnosed with right dominant thumb CMC joint strain with arthritis, diabetes. The California MTUS guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. There is no evidence for use of any other muscle relaxant as a topical product. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Cyclobenzaprine for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. There is a lack of documentation indicating all primary and secondary treatment options have been exhausted. In addition the request does not indicate the dosage, frequency, quantity, and the application site. As such, the request for compound medication Cyclobenzaprine 2% Tramadol 10% Flurbiprofen 20%, 210 gm, is not medically necessary.