

Case Number:	CM14-0122806		
Date Assigned:	08/08/2014	Date of Injury:	05/05/2013
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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 California and Nevada. 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 51 year old female injured on 05/05/13 when the machine she was operating compressed her hand and middle finger resulting in pain to the neck, left hand, and left middle finger. Diagnoses include cervicalgia, cervical radiculopathy, left hand pain, left middle finger crush injury, stress disorder, anxiety disorder, mood disorder, sleep disorder, and psychosexual dysfunction. The clinical note dated 06/30/14 indicated the injured worker complained of burning neck pain radiating to the left arm and shoulder rated at 5/10 with associated numbness and tingling in the bilateral upper extremities. The injured worker also complained of burning left hand and middle finger pain and muscle spasms rated at 5/10 aggravated by gripping, grasping, reaching, pulling, and lifting. The injured worker also complained of psychiatric symptoms to include stress, anxiety, and depression due to an inability to work and perform normal day to day tasks of living. The injured worker reported symptoms persisted; however, medications did offer temporary relief of pain and improved ability to have restful sleep. Physical examination revealed tenderness to palpation at the suboccipital region as well as over both scale and trapezius muscles, decreased cervical range of motion, tenderness to palpation at the tip of the middle finger and over the left hand, sensation intact to the bilateral upper extremities, motor strength decreased secondary to pain in the left upper extremity, deep tendon reflexes 2+ and symmetrical in the bilateral upper extremities, vascular pulses 2+ and symmetrical in the bilateral upper extremities. Treatment plan included continuation of physiotherapy, chiropractic treatment, acupuncture, shockwave therapy, and prescribed medications. Initial request non-certified on 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Cyclobenzaprine 2%, Tramadol 10%, and Flurbiprofen 20% 210 Grams:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 72, 111- 113.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Cyclobenzaprine, Tramadol, and Flurbiprofen which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore 1 Container of Cyclobenzaprine 2%, Tramadol 10%, and Flurbiprofen 20% 210 Grams cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

1 Container of Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2% 210 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 72, 111- 113.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen and Tramadol which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore 1 Container of Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2% 210 Grams cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

