MAXIMUS Federal Services

| Case Number: | CM14-0131412 | | |
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| Date Assigned: | 08/20/2014 | Date of Injury: | 04/01/2012 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

## 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 47-year-old female who reported injury on 04/01/2012. The surgical history included a right ring trigger finger release. The injured worker was noted to be utilizing topical analgesics as of at least 2013. Prior treatments were noted to include acupuncture and physical therapy. The injured worker was noted to be utilizing opiates as of 03/2014. The mechanism of injury was a cumulative trauma. The injured worker underwent x-rays, an MRI of the right wrist with flexion and extension, and an MRI of the lumbar spine with flexion and extension. The injured worker's current medications were noted to include Fanatrex, which is gabapentin; Dicopanol, which is Diphenhydramine; Deprizine, which is ranitidine; and Synapryn, which is an oral form of tramadol. The injured worker was noted to be using Tabradol, which contains cyclobenzaprine, a muscle relaxant. The documentation of 06/05/2014 revealed the injured worker had complaints of burning pain in the right wrist and hand. The injured worker had residual pain in the right finger. The injured worker additionally had sharp pain in the right little finger. The pain was rated at 4/10 to 5/10. The physical examination revealed +2 tenderness over the right carpal tunnel and +1 over the 1st dorsal extensor muscle compartment. The injured worker had decreased range of motion in the right wrist. The injured worker had a positive Tinel's sign. The examinations of the right hand and fingers revealed +2 tenderness to palpation over the A1 pulley and at the head of the metacarpal bone and metacarpal joint of the 5th digit. The ranges of motion were full. The myotome at C5, C6, C7, and C8 as well as T1 was decreased secondary to pain in the right upper extremity. Sensation to pinprick and light touch was slightly diminished along the course of the median nerve distribution at the right upper extremity. The diagnoses included carpal tunnel syndrome, right; trigger finger, right little finger; anxiety disorder unspecified; and status post trigger finger release of the right finger.

The treatment plan included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, and Ketoprofen cream, as well as an EMG/NCV and an orthopedic hand surgeon consultation, as well as Terocin patches. There was no Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 210gm x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics , Topical Capsaicin, Salicylates topicals , Tramadol Page(s): 72 111,28, 105, 82. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended...Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... The guidelines recommend Topical Salicylates. Methyl Salicylate 2% and camphor 2% are two of the ingredients of this compound. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review indicated the injured worker was utilizing topical NSAIDs since at least 2013. There was a lack of documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating a necessity for 2 topical with Flurbiprofen and 2 topical with tramadol, as well as an oral form of tramadol. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for capsaicin 0.025%, Flurbiprofen 20%, tramadol 15%, menthol 2%, and camphor 2% 210 gram x1 is not medically necessary.

**Flurbiprofen 20%, Tramadol 15% 210 gm x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics page 111, Tramadol Page(s): 72, 82. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

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