

Case Number:	CM14-0136066		
Date Assigned:	09/03/2014	Date of Injury:	08/01/2013
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/23/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 61-year-old female with a 8/1/13 date of injury. The mechanism of injury occurred when she was making pizza and a heavy stainless steel cover fell on top of her right wrist. According to a progress report dated 8/28/14, the patient complained of ongoing pain in the right wrist and hand. Objective findings: tenderness to palpation about the right wrist, tenderness about the flexor tendons, positive tenderness over ECU tendon, positive Phalen's, positive Tinel's, positive carpal compression test, decreased sensation to light touch in the median nerve distribution of the thumb, index, long, and radial aspect of the ring finger. Diagnostic impression: right wrist ECU tenosynovitis, right TFCC tear, right cubital tunnel syndrome, right carpal tunnel syndrome. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/25/14 denied the request for 1 compound cream: flurbiprofen 20%, tramadol 20% in base 210gms. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Compound cream: Flurbiprofen 20%, Tramadol 20% in base 210gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding topical tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of NSAIDs or opioids in a topical formulation due to little to no research to support the use of these agents. A specific rationale identifying why this compounded cream would be required in this patient despite lack of guideline support was not provided. Therefore, the request for 1 Compound cream: Flurbiprofen 20%, Tramadol 20% in base 210gms was not medically necessary.