

Case Number:	CM14-0148916		
Date Assigned:	09/18/2014	Date of Injury:	08/02/2013
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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 30-year-old female sustained an industrial injury on 8/2/13. The mechanism of injury was not documented. The injured worker subsequently developed right hand, wrist, and elbow pain. The 5/28/14 treating physician report documented right lateral epicondyle tenderness, positive Phalen's and Finkelstein's tests, and a palpable dorsal radial cystic mass. She was being treated with unspecified medications. A retrospective request was submitted for Tram/Gaba/Caps/Menthol/Camphor/Alba Derm Cream, and Flur/Cyclo/Alba Derm Cream. The 8/12/14 utilization review denied the request for topical creams as there was no guideline support for all components of these creams as the use of topical gabapentin or cyclobenzaprine was not recommended. The 8/20/14 treating chiropractor report cited right wrist/hand pain with repetitive activities. She had not received her brace or TENS unit. She reported increased strength with physical therapy. Physical exam documented decreased pain with right wrist active range of motion and 4-/5 muscle strength. There was +2 tenderness over the right wrist and +3 tenderness over the lateral epicondyle. Phalen's was positive at the wrist and Cozen's was positive at the elbow. The treatment plan included continued physical therapy two times three for a home exercise program, right wrist brace, and home TENS unit. She was off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tram/Gaba/Caps/Menthol/Camphor/Alba Derm Cream, Flur/Cyclo/Alba Derm Cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) state that any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines indicate that topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines state there is no evidence for use of a muscle relaxant, such as Cyclobenzaprine, as a topical product. Topical Gabapentin is not recommended by the guidelines. There are no high-quality literary studies or guidelines which support the safety or efficacy of Tramadol utilized topically. Flurbiprofen is not on the list of approved topical non-steroidal anti-inflammatory drugs. Given the absence of guideline support for all components of these products, these products are not recommended by guidelines. Therefore, this request is not medically necessary.