

Case Number:	CM14-0155122		
Date Assigned:	09/25/2014	Date of Injury:	12/15/2010
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational Medicine 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 39 year old patient had a date of injury on 12/15/2010. The mechanism of injury was repetitive trauma causing left wrist pain. In a progress noted dated 8/22/2014, the patient complains of constant neck pain which is stabbing and sharp. There is also constant moderate right and left hand pain. Relief comes from acupuncture and massage. On a physical exam dated 8/22/2014, there is Tinel's and Finkelstein's positive bilaterally. The diagnostic impression shows cervical strain, right carpal tunnel syndrome, left carpal tunnel syndrome, right hand joint pain. Treatment to date: medication therapy, behavioral modification, acupuncture, massage. A UR decision dated 9/17/2014 denied the request for Cyclobenzaprine 2%/Flurbiprofen 25% #180, stating guidelines do not support use of muscle relaxant in topical formulations. Capsaicin .025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% #180 was denied, stating that Gabapentin is not supported for topical use and any product that contains an inappropriate agent is not recommend for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm, Quantity Requested: 1:00: Upheld

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

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. In the 8/22/2014 progress report, there was no discussion regarding failure of 1st line oral analgesic. Furthermore, muscle relaxants such as Flexeril are not recommended in topical form, and there was no clear rationale justifying the use of this medication when guidelines clearly do not support it. Therefore, the request for Cyclobenzaprine 2%/Flurbiprofen 25% #180 was not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm Quantity Requested: 1.00: Upheld

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

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. In the 8/22/2014 progress report, there was no discussion regarding failure of 1st line oral analgesic. Furthermore, Gabapentin is not recommended in topical form, and there was no clear rationale justifying the use of this medication when guidelines clearly do not support it. Therefore, the request for Capsaicin .025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%#180 was not medically necessary.