

Case Number:	CM14-0160176		
Date Assigned:	10/03/2014	Date of Injury:	07/31/2013
Decision Date:	11/06/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/30/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old male who reported an injury on 07/31/2013, due to an unknown mechanism. Diagnoses were full thickness tear left shoulder, carpal tunnel syndrome bilaterally, right contracture. The physical examination dated 01/08/2013 revealed that the injured worker was unable to lift his left arm. There was weakness to his bilaterally hands. An EMG/NCV dated 12/10/2013 revealed carpal tunnel syndrome bilaterally. The treatment plan was to refer the injured worker to a surgeon for repair of the right shoulder rotator cuff tear and to refer for wrist braces bilaterally, also to refer for hand surgeon consult. The rationale and request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Flurbiprofen/Gabapentin/Lidocaine for the right hand, right wrist and left shoulder , DOS: 2/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Topical Analgesics Page(s): 72, 111.

Decision rationale: The decision for retro flurbiprofen/gabapentin/lidocaine for the right hand, right Wrist, and left shoulder, date of service 02/09/2014, is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control 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. 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 database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The medical guidelines do not support the use of compounded topical analgesics. They also do not support the use of flurbiprofen. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

RETRO: Tramadol/Gabapentin/Menthol/ Camphor/Capasaicin for the right hand, right wrist and left shoulder , DOS: 2/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Topical Analgesics Page(s): 111, 82, 28.

Decision rationale: The decision for retro tramadol/gabapentin/menthol/camphor/capsaicin for the right hand, right wrist, and left shoulder, date of service 02/09/2014, is not medically necessary. The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized control 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. A thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved formula of tramadol is for oral consumption, which is not recommended as a first line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical guidelines do not support the use of compounded topical analgesics. The efficacy of this medication was not reported. The medical guidelines do not support the use of compounded topical analgesics. There were no other significant factors provided to justify the use outside the current guidelines. Therefore, this request is not medically necessary.