

Case Number:	CM14-0161382		
Date Assigned:	10/06/2014	Date of Injury:	06/01/2012
Decision Date:	10/30/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 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:

The injured worker is a 54-year-old female who sustained an injury on 6/1/12. As per 8/4/14 report, the patient presented with right hand stiffness and left wrist and forearm pain, ongoing left forearm swelling associated with intermittent paraesthesias in the left hand. On examination she had positive Tinel's sign at the left carpal tunnel, positive left Phalen test and intrinsic tightness in the right hand affecting the long finger and the ring finger. MRI of the left forearm and EMG studies of the left upper extremities were normal. Previous treatments included physical therapy and medications. She is currently on Tramadol, Omeprazole and ketoprofen cream. She recently had left carpal tunnel cortisone injection. She has been wearing a progressive static flexion splint. No other references to the current request of compound topical cream were found. Diagnoses include left carpal tunnel syndrome and right intrinsic tightness. The request for Keto/Cyclo/Cap/Menth/Camp 120 ml, purchased on August 7, 2014, was denied on 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Cyclo/Cap/Menth/Camp 120 ml, purchased on August 7, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.