

Case Number:	CM14-0185448		
Date Assigned:	11/13/2014	Date of Injury:	05/22/2014
Decision Date:	12/19/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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 & Rehabilitation and Pain 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 43-year-old female who sustained an injury on 5/22/14. As per the 10/9/14 PT report, she complained of frequent 9/10 wrist pain with numbness and tingling of hands, stiffness of index and middle finger of the left hand, and pain along her forearms and arms, and above the shoulder. Objective findings revealed tenderness along the wrist flexor and extensor muscle tendons; positive Tinel's and Phalen's along median nerve; and normal motor strength but with increased wrist pain. Left wrist MRI dated 09/03/14 revealed small bone islands in the capitate, complete tear in the triangular fibrocartilage complex with adjacent minimal fluid, minimal joint effusion dorsal to the scaphoid medial to the triquetrum, and inferior to the pisiform. Right hand MRI dated 09/03/14 was unremarkable with bone cyst in the head of the 3rd metacarpal bone. Nerve conduction studies dated 09/02/14 revealed prolonged bilateral median motor nerve parameters consistent with abnormalities found in motor neuropathies, prolonged bilateral median sensory nerve consistent with a sensory neuropathic process, and prolonged bilateral median sensory nerve studies as would be found in early carpal tunnel syndrome. Electromyography (EMG) dated 09/02/14 revealed bilateral median nerve pathology versus bilateral cervical radiculopathy. Current medications include Tramadol, Omeprazole, gabapentin and ibuprofen, and rubbing cream. She underwent extracorporeal shock wave therapy (ESWT) on 10/01/14 and had acupuncture and PT. Review of the reports suggests she had a urine drug screen (UDS) performed on 08/21/14. Compound creams have been recommended for pain control. Diagnoses include bilateral carpal tunnel syndrome and tendinitis of wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Topical Cream: (Amitriptyline 10%, Dexamethorphan 10%, Gabapentin 10% in Mediderm Base) 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

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, Amitriptyline and Gabapentin are not recommended in topical formulation. There is no peer-reviewed literature to support its use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested compound Topical Cream: (Amitriptyline 10%, Dexamethorphan 10%, Gabapentin 10% in Mediderm Base) is not established per guidelines.

1 Topical Cream: (Flurbiprofen 20%, Tramadol 20% in Mediderm Base) 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 an option with specific indications, 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, as they are largely experimental. There is no research based evidence to demonstrate the long term efficacy of topical NSAIDs. CA MTUS/ODG states that the only non-steroidal anti-inflammatory drug (NSAID) that is FDA approved for topical application is diclofenac (Voltaren 1% Gel); Flubriprofen is not approved for topical use. Also, tramadol is not approved for topical use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested compound Topical Cream: (Flurbiprofen 20%, Tramadol 20% in Mediderm Base) 210 grams is not established per guidelines.

1 Topical Cream (Flurbiprofen 20%, Tramadol 20% in Mediderm Base) 30 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 an option with specific indications, 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, as they are largely experimental. There is no research based evidence to demonstrate the long term efficacy of topical NSAIDs. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel); Flubriprofen and Tramadol are not approved for topical use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested compound Topical Cream (Flurbiprofen 20%, Tramadol 20% in Mediderm Base) 30 grams is not established per guidelines.

1 Topical Cream: (Amitriptyline 10%, Dexamethorphan10%, Gabapentin 10% in Mediderm Base) 30 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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, Amitriptyline and Gabapentin are not recommended for topical formulation. There is no peer-reviewed literature to support its use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested compound Topical Cream: (Amitriptyline 10%, Dexamethorphan10%, Gabapentin 10% in Mediderm Base) 30 grams is not established per guidelines.