

Case Number:	CM14-0094801		
Date Assigned:	07/30/2014	Date of Injury:	06/23/2011
Decision Date:	10/20/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 38-year-old female who reported a work related injury on 06/23/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses include bilateral joint derangement of the wrists, status post bilateral carpal tunnel release with residual pain. The injured worker's past treatment included medication. The injured worker's surgical history includes a bilateral carpal tunnel release. Upon examination on 06/04/2014, the injured worker complained of moderate to severe constant pain. The pain was characterized to radiate to the hands and fingers with numbness and tingling. The injured worker rated the pain a 7/10 on VAS. Upon physical examination, it was noted that the injured worker had tenderness at the anterior and posterior aspects of the wrists, decreased range of motion, and a positive Tinel's, Phalen's, and Finkelstein's test. The injured worker was also noted to have decreased sensation and decreased myotomes, in upper extremities. The injured worker's prescribed medications were not provided for review. The injured worker's treatment plan consisted of periodic UA toxicology with evaluation, stop taking medications if she had any problems with them, and Terocin patches for pain relief. The rationale for the request and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 gram Flurbiprofen 25% Cyclobenzaprine 02%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for 240 gram Flurbiprofen 25% Cyclobenzaprine 02% is not medically necessary. The California MTUS Guidelines state compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to flurbiprofen, the guidelines state 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 a 2 week period. When investigated, this effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In regards to cyclobenzaprine, the guidelines state there is no evidence for use of muscle relaxants as a topical product. These topical medications are only supported if first line treatment has been tried and failed. The documentation provided for review does not provide any recent objective physical examination findings to warrant the medical necessity of topical compounded creams. As such, the request for 240 gram Flurbiprofen 25% Cyclobenzaprine 02% is not medically necessary.

240 grams Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for 240 grams Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary. The California MTUS Guidelines state compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to flurbiprofen, the guidelines state 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 a 2 week period. When investigated, this effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In regards to capsaicin, it is only recommended as an option in patients who have not responded or are intolerant to other treatments. In regards to tramadol, the guidelines do not support the use of tramadol in a topical formulation. Therefore, as the documentation failed to include sufficient

documentation showing the failure of first line agents to warrant the use of capsaicin, flurbiprofen, tramadol, menthol, and camphor, which are not supported, the compound is also not supported. Additionally, the request as submitted did not specify frequency of use. Therefore, this request is not medically necessary.