

Case Number:	CM14-0187147		
Date Assigned:	11/17/2014	Date of Injury:	02/08/2013
Decision Date:	06/22/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31-year-old man sustained an industrial injury on 2/8/2013. The mechanism of injury is not detailed. Diagnoses include cervicgia, cervical spine sprain/strain, medical epicondylitis of the bilateral elbows, bilateral elbow joint effusion, right wrist sprain/strain, left wrist De Quervain's tenosynovitis, left wrist carpal tunnel syndrome, thoracic spine pain, thoracic spine sprain/strain, low back pain, lumbar spine sprain/strain, rule out lumbar disc displacement herniated nucleus pulposus, bilateral knee sprain/strain, bilateral knee joint effusion, and rule out bilateral knee internal derangement. Treatment has included oral medications. Physician notes on a PR-2 dated 9/23/2014 show complaints of neck pain rated 7-8/10, bilateral elbow pain rated 5-6/10, left wrist pain rated 6/10, mid back pain rated 5/10, low back pain rated 6-7/10, and bilateral knee pain rated 6/10. Recommendations included urine drug screen, electromyogram/nerve conduction studies of the bilateral upper extremities, pain management consultation, shockwave therapy, Terocin patches, and two topical compounded medications, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm (TID): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes that topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. Guidelines also state that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, guidelines state that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Therefore, the request is not medically necessary.

Compound Cream: Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm (TID): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes that topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. Guidelines also state that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, guidelines state that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Therefore, the request is not medically necessary.