

Case Number:	CM14-0199357		
Date Assigned:	12/09/2014	Date of Injury:	08/20/2013
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in 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 54 year-old female with an original date of injury on 8/20/2013. The injury occurred when the patient's right hand was crushed between 2 trays. The industrially related diagnoses are status post right wrist and hand crush injury, synovitis and tenosynovitis of the hand, wrist cartilage disorder, and right carpal tunnel syndrome. The patient was being considered for right carpal tunnel syndrome release surgery on 10/22/2014. The patient was taking oral NSAIDs and Ultram, and treated with physical therapy and chiropractic session for pain. The disputed issues are the request of compound cream consist of Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% and Camphor 2% quantity 180 grams, and another compound cream consist of Cyclobenzaprine 2% Flurbiprofen 25% quantity 180 grams. A utilization review dated 11/4/2014 has non-certified these requests. The stated rationale for denial for both topical creams was the CPMTG noted that topical analgesics are primarily recommended for neuropathic pain with documented failure of trial of antidepressants and anticonvulsants. Within the submitted documents, it does not appear that the patient failed trial of oral anticonvulsants or antidepressants. Finally, the guidelines do not support flurbiprofen, gabapentin, and cyclobenzaprine for topical application due to lack of evidence proving safety and efficacy. Therefore, these requests were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 of 127.

Decision rationale: Within the provided documentation, a progress note dated on 9/24/2014 indicate patient was has failed oral medications, braces and physical therapy, therefore, she is being considered for right carpal tunnel release surgery. On 10/22/2014, the patient was prescribed the compound medication without clear documentation of indication or use. The Chronic Pain Medical Treatment Guidelines states: "Topical Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical compound cream containing capsaicin, gabapentin, flurbiprofen, menthol, and camphor is not medically necessary.

Cyclobenzaprine 2% Flurbiprofen 25% 180gm: 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 Page(s): 113 of 127.

Decision rationale: Within the provided documentation, a progress note dated on 9/24/2014 indicate patient was has failed oral medications, braces and physical therapy, therefore, she is being considered for right carpal tunnel release surgery. On 10/22/2014, the patient was prescribed the compound medication without clear documentation of indication or use. CA MTUS states that topical muscle relaxants including cyclobenzaprine are not recommended, as there is no peer-reviewed literature to support the use of topical muscle relaxant. The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the request for cyclobenzaprine and flurbiprofen compound cream is not medically necessary.