MAXIMUS Federal Services

Case Number:	CM14-0215976		
Date Assigned:	01/06/2015	Date of Injury:	04/30/2010
Decision Date:	02/25/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 is a 33 year old female with a work related continuous trauma injury dating 04/30/2010 to 12/04/2012 due to performing constant and repetitive hand motions. According to a primary physician's progress report dated 11/21/2014, the injured worker presented with complaints of frequent pain in bilateral right greater than left wrist and frequent pain in her neck. Treatments have consisted of cortisone injections, rest, heat, and medications. According to earlier primary physician's progress reports, diagnoses included cervical sprain, lumbar sprain, and bilateral carpal tunnel syndrome. Diagnostic testing included electromyography/nerve conduction velocity test of the bilateral upper extremities which was positive for carpal tunnel syndrome in both wrists and cubital tunnel syndrome in the left elbow. Work status is noted as total temporary disability.On 11/26/2014, Utilization Review denied the request for Flurbiprofen Powder, Lidocaine HCL Powder, Amitriptyline HCL Powder, PCCA Lidoderm Base, and Gabapentin 10%/Cyclobenzaprine 6%/Trabadol 10%/Lipoderm Base citing Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines. The Utilization Review physician stated topical medications have not been adequately proven with regards to overall efficacy and safety. There are limited large-scale, long term references showing the safety and efficacy of the requested compound prescription in the injured worker clinical scenario. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen powder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation does not indicate intolerance to oral medications. The request is not clear on what body part the patient will be using this for. She suffers from wrist and spine but but Flurbiprofen is not indicated for spine pain topically. The request additionally does not indicate a quantity and the guidelines do not recommend topical NSAIDS long term. The request for Flurbiprofen powder is not medically necessary.

Lidocaine HCL Powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The guidelines indicate that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. The documentation does not indicate intolerance to oral medications. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is not recommended by the MTUS. Therefore, the request for retrospective request for topical compound Flurbiprofen, Lidocaine, Menthol & Camphor with a dos 8/6/2014 is not medically necessary.

Amitriptyline HCL Powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Amitriptyline HCL Powder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines that that many topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including antidepressants).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 is not recommended. The documentation does not indicate intolerance of oral medications. The request for Amitriptyline HCL Powder is not medically necessary.

PCCA Lipoderm Base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation http://www.pccarx.com/pcca-products/pcca-exclusives/bases/lipoderm

Decision rationale: PCCA Lipoderm Base is not medicallly necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not support the topical analgesics under consideration. A review onine of PCCA Lidoderm Base indicates this is a transdermal method of delivering these topical analgesics therefore this request is not medically necessary.

Gabapentin 10 Percent/Cyclobenzaprine 6 Percent/Tramadol 10 Percent/ Lipoderm Base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Gabapentin 10 Percent/Cyclobenzaprine 6 Percent/Tramadol 10 Percent/ Lipoderm Base is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not support topical muscle relaxants such as Cyclobenzaprine or topical Gabapentin. Therefore Gabapentin 10 Percent/Cyclobenzaprine 6 Percent/Tramadol 10 Percent/ Lipoderm Base is not medically necessary.