

Case Number:	CM15-0121719		
Date Assigned:	07/09/2015	Date of Injury:	10/31/2013
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 43-year-old male, who sustained an industrial injury on 10/31/13. He has reported initial complaints of back, left hand, left wrist and left arm injuries. The diagnoses have included aftercare for surgery of the left wrist, left hand/wrist tendinitis/bursitis, left shoulder tendinitis/bursitis and lateral epicondylitis of the left elbow. Treatment to date has included medications, physical therapy, acupuncture, diagnostics, surgery, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6/18/15, the injured worker complains of left shoulder pain, and left wrist and hand pain with swelling. The left shoulder exam reveals spasm and tenderness, decreased range of motion, and positive Cozen's test on the left. The wrist and hand exam reveals spasm and tenderness, decreased wrist range of motion with pain, and positive Bracelet test on the left. The current medications included Ultram and topical compounded creams. The physician requested treatments included Topical Compound Flurbi-Cap-Cam Menthol Cream with 1 Refill and Topical Compound Cyclo-Ultram 10 Percent Cream with 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Flurbi-Cap-Cam Menthol Cream with 1 Refill: 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: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for the Topical Compound Flurbi-Cap-Cam Menthol Cream with 1 Refill is not medically necessary.

Topical Compound Cyclo-Ultram 10 Percent Cream with 1 Refill: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Topical Compound Cyclo-Ultram 10 Percent Cream with 1 Refill is not medically necessary.