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| Case Number: | CM15-0065312 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 05/08/2014 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained an industrial injury on 5/8/2014. The current diagnoses are lumbago, lumbosacral sprain/strain, rule out lumbar disc protrusion, left De Quervain's disease, left wrist pain, rule out carpal tunnel syndrome, rule out left wrist internal derangement, and depression. According to the progress report dated 2/3/2015, the injured worker complains of left hand and low back pain. Treatment to date has included medication management, MRI studies, physical therapy, brace, acupuncture, extracorporeal shockwave therapy, TENS unit, caudal epidural steroid injection, electro diagnostic testing, and chiropractic. The plan of care includes Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm with 2 refills.

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 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

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

Decision rationale: The patient presents with left hand and lower back pain. The request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm with 2 Refills. The request for authorization is dated 02/03/15. MRI of the left hand, date unspecified, shows volar flexor tendinopathy of middle and index finger, actual study not provided. Physical examination of the lumbar spine reveals tenderness to palpation of the lumbar paravertebral muscles and sacrum. There is muscle spasm of the lumbar paravertebral muscles. Range of motion is decreased and painful. Sitting straight leg raise is negative. The patient complains of constant, moderate, achy, stabbing, throbbing, burning low back pain, with numbness, tingling and weakness. No radiation of pain to legs. Relief from medication, acupuncture and creams. Physical examination of the left wrist reveals tenderness to palpation of the anatomical snuffbox, lateral wrist, thenar and volar wrist. Pain with resisted flexion of digits 2-4. Range of motion is decreased and painful. There is muscle spasm of the forearm. Tinel's and Findelstein's are positive. Swelling and tenderness in finger joints. JAMAR grip strength, second notch: Right 45, 45, 45 Kg, Left 35, 35, 30 Kg. The patient complains of constant, severe, sharp, stabbing, throbbing, burning wrist and finger pain, with numbness, tingling and weakness. Patient also suffers from depression. Per progress report dated, 03/10/15, the patient is to remain off-work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per progress report dated, 02/03/15, treater's reason for the request is "(apply a thin layer 3 times per day) for Lumbar Spine, Left Wrist and fingers." However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which are not supported for topical use in lotion form. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Therefore, the request IS NOT medically necessary.