

Case Number:	CM15-0077178		
Date Assigned:	04/28/2015	Date of Injury:	01/18/2014
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, with a reported date of injury of 01/18/2014. The diagnoses include right wrist arthritis, right shoulder impingement syndrome, cervical spine strain/sprain, right wrist sprain/strain, rule out right wrist internal derangement, right carpal tunnel syndrome, and right De Quervain's tendinitis. Treatments to date have included an MRI of the right wrist, an MRI of the right shoulder, right shoulder arthroscopy, and physical therapy. The medical re-evaluation report dated 04/01/2015 indicates that the injured worker returned to the office as part of ongoing care and treatment. It was noted that she was doing well with the right shoulder surgery in November 2014. The injured worker was pending authorization to proceed with the right middle finger release surgery. The physical examination showed slight distress, pain and tenderness of the cervical spine, mildly limited cervical range of motion, diffuse tenderness and guarding of the right shoulder, normal right elbow/forearm range of motion, tenderness to palpation of the right anatomical snuffbox and carpal bones, full range of motion of the right wrist/hand, and active triggering of the right middle finger with tenderness to palpation of the flexor tendon nodule at the A1 pulley. The treating physician requested Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%.

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%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for right hand pain. She has right third finger stenosing tenosynovitis and surgery is pending. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Although the claimant has localized pain likely amenable to topical treatment, the requested compounded medication was not medically necessary.